2
47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39023

FILED DEC 4 1948

Registration District No. 3487

Primary Registration District No. 6076

Registrar's No. 2566

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (JEFF. BKS. AREA) LEMAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1128 GORGAS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County County, St. Louis
(c) City or town Jefferson Barracks,
(If outside city or town limits, write "RURAL")
(d) Street No. 1128 Gorgas
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MAMIE MAY SWEENEY

3. (b) If veteran, name war ** No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis S weeney

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June 11, 1909 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	4	24	..... hr. ..... min.

9. Birthplace Dent County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name James Crabtree
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Holland
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Francis Sweeney
(b) Address 1128 Gorgas, Jeff. Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway, S t. Louis, Mo.

19. (a) 11-8-48 (Date received local registrar) (b) Carol A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov 5, 1948, to Nov 5, 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	12 days
Due to	
94	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)
Address 7702 [illegible] Date signed 11/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.