

FILED APR 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15054
Registrar's No. 3294

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4810	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 8542 Vasek, 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) R. c. (Last) Sweeney			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1950		
5. SEX M C W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 30, 1906		9. AGE (In years of last birthday) 43		10. MONTHS 9	
11. DAYS 6		12. HOURS		13. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales man		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (State or foreign country) Eligo, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Daniel Sweeney		13b. MOTHER'S MAIDEN NAME Martha Scott		14. NAME OF HUSBAND OR WIFE Alvin Sweeney, Eligo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 488-07-3533		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Sweeney, 8542 Vasek Affton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH ?	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	
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22. I hereby certify that I attended the deceased from Nov 7, 1946, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. Hart M.D. (Degree or title)		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 4-6-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	
				24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Lemay, Mo.	

DATE REC'D BY LOCAL REG. APR 9 1950		REGISTRAR'S SIGNATURE J. D. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Holmeister U. & L. Co. 7814 S. Broadway	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Harry J. Schumacher

Signed.....
Student Embalmer

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.