FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 35666

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 9262

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5412 Ruskin Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079
d. STREET ADDRESS (If rural, give location): 5412 Ruskin Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle):
c. (Last): Sweeney

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1951

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 14, 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas Blake
13b. MOTHER'S MAIDEN NAME: Johanna Kelly
14. NAME OF HUSBAND OR WIFE: John Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: E.J. Sweeney — **ADDRESS**: 5412 Ruskin Ave.

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) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

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.* Anorexia Nervosa

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4200

22. *I hereby certify that I attended the deceased from* 15 Sept, 1951, *to* 19 Oct, 1951, *that I last saw the deceased alive on* 17 Oct, 1951, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene W. Hall (Degree or title) MD
23b. ADDRESS: 25 So Florissant
23c. DATE SIGNED: 19 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 22 1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: OCT 20 1951
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly
ADDRESS: 3840 Lindell Blvd

S.P. (Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm S. Sattler

Licensed Embalmer No. 4699

P. O. Address St Charles, M

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

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