S. No. 300
V. 10-48

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14834

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3666

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) St. Anthony Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2159
d. STREET ADDRESS (If rural, give location) 15 4454a Grace Ave.,

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

4. DATE OF DEATH (Month) (Day) (Year) April 16, 1952

5. SEX Female,
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,
8. DATE OF BIRTH August 26, ~~1870~~ 1871
9. AGE (In years last birthday) ~~81~~ 80 | 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) Elsa, Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Fuller,
13b. MOTHER'S MAIDEN NAME Maria Snyder,
14. NAME OF HUSBAND OR WIFE John J. 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. None
17. INFORMANT'S SIGNATURE OR NAME John J. Sweeney, **ADDRESS** 4454a Grace 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) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt wrist — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331XF
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) April 12, 1952
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) April (Day) 1st (Year) 1952 (Hour) 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in basement (no witnesses)

22. *I hereby certify that I attended the deceased from* April 12, 1952, *to* April 16, 1952, *that I last saw the deceased alive on* April 12, 1952, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Nicholas A. Young (Decl. or title) M.D.
23b. ADDRESS 4307 S. Grand Blvd
23c. DATE SIGNED April 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, ✓
24b. DATE 4/19/52
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. APR 18 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18 Mo.
(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 Joe D. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 14834

Local Registrar's No. 3666.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Helen Sweeney, died/born 4-16-, 1952, in the State of
Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 8 should read 8-26-1871
Instead of 8-26-1870
Item No. 9 should read age 80
Instead of 81
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William G Bruz Fun. dir
Relationship.

2842 Meramec
Present Address.

Subscribed and sworn to before me this 9 day of May, 1952

My Commission expires 3-4-53

Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

IR 53 134 207 11-28-1921

V. S. 135
I—8-43
I X37817