

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016528

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4266

300
1-570

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		Length of stay in 1b <u>20</u>	d. STREET ADDRESS (If outside, give location) <u>1459 Kingsland ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>SHADRICK</u> Last <u>SWEENEY</u>			4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 30 1940</u>		9. AGE (In years last birthday) <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Mgr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>	
13a. FATHER'S NAME <u>Jesse Sweeney</u>			13b. MOTHER'S MAIDEN NAME <u>Nina Cook Sweeney</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jesse Sweeney</u> Address <u>1459 Kingsland</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Hemorrhage following stab wound of heart.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>E982.A</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Suffered when stabbed with knife in back by party at parties unknown in the vicinity of Clara and Delmar, about 11:25 p.m. April 16, 1958.</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injury in Part I or Part II of 18.) <u>knife in back by party at parties unknown in the vicinity of Clara and Delmar, about 11:25 p.m. April 16, 1958.</u>		
20c. TIME OF INJURY <u>11:25 p.m. 4/16/58</u>		20d. PLACE OF INJURY (In, in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		20e. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>420 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Patrick Taylor Coroner</u> (Degree title)			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>4.18.58.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4/21/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
24. FUNERAL DIRECTOR <u>Henry Sullivan</u> ADDRESS <u>1150 N. Kershway</u>			25. DATE RECD. BY LOCAL REG. <u>APR 18 '58</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith MO</u>

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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.

Student
Signature of Student Embalmer

Signed *Anthony Muel*
Licensed Embalmer No. *4227*
P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.