

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 24 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44762

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 8503, Riley add)

File No.....

Registered No. 11879

St. Ward)

2. FULL NAME William M. Sweeney(a) Residence, No. 2 St. 7 R Ward. DRS LOFF M D
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FLORENCE SWEENEY6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 20-18687. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 11 10 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Meric

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.13. NAME John Sweeney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Florence Sweeney
(ADDRESS) Desloge, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Desloge Mo DATE Dec-16-3419. UNDERTAKER Albert H. Hopp
(ADDRESS) 429 N. Euclid20. FILED DEC 17 1934
J. F. Bredes Registrar.MEDICAL CERTIFICATE OF DEATH
No physician in attendance21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
Cirrhosis of Liver
Chronic Pleurisy

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold L. Hopp(Address) 12/15/34

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11-19-79