

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28502**
Registrar's No. **7203**

FILED SEP 7 1951

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 6-WKS.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4326 d. STREET ADDRESS (If rural, give location) 7518 Forsyth Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 7518 Forsyth Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) A. c. (Last) McSweeney			4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1951		
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5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH April 3, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 9	Hours 1	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bkp. St. Louis	10b. KIND OF BUSINESS OR INDUSTRY County Club	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Paul McSweeney	13b. MOTHER'S MAIDEN NAME Louise Blong	14. NAME OF HUSBAND OR WIFE Mrs. Fannie McSweeney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 490-14-4398	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannie McSweeney, 7518 Forsyth Blvd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon 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. Pyelonephritis, non-calculus	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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19a. DATE OF OPERATION 7-9-51	19b. MAJOR FINDINGS OF OPERATION Hypertrophy of prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 152X
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22. I hereby certify that I attended the deceased from 6-22-51, 19____, to 8-11-51, 19____; that I last saw the deceased alive on 8-11-51, 19____, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title) M.D.	23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.	23c. DATE SIGNED 8-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. AUG 13 1951	REGISTRAR'S SIGNATURE 	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.
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