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.

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

Do not use this space.

18126

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 11003 Registered No. 4332

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Thomas J. Dwyer

(a) Residence, No. 5130 Northland St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Dwyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1870

7. AGE: YEARS abt. 63 | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Paper Stock
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

FATHER

13. NAME: Patrick Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Thomas Dwyer 5130a Northland a

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: May 18, 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 3840 Lindell Blvd

20. FILED: MAY 17 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1933, to May 15th, 1933
I last saw him alive on May 15th, 1933 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
115 A	
130	
Acute Parenchymatous nephritis	5/2/33
Other contributory causes of importance:	
Acute Pharyngitis	4/10/33

115 A

Name of operation: None Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No
If so, specify .....
(Signed) J F Gallagher, M. D.
(Address) 302-303 Wall Bldg

Mee Key

2-P