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

REC'D MAY 10 1938

12757
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3361

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Missouri Pacific Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Edward Dwyer John Edward Dwyer 60
(a) Residence, No. 2420 McLaren Ave. St. K.R. JENKINGS. MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard Master
9. Industry or business in which work was done, as saw mill, bank, etc. Terminal R.R.
10. Date deceased last worked at this occupation (month and year) 1/10/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Indiana.

FATHER
13. NAME William Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Anna Schaeffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Illinois.

17. INFORMANT Elizabeth Dwyer
(ADDRESS) 2420 Mc Laren Ave

18. BURIAL, CREMATION OR REMOVAL
PLACE Calvary Cemetery DATE April 11, 1938

19. FUNERAL DIRECTOR Wm. M. Schumacher
(ADDRESS) 4834 Natural Bridge.

20. FILED APR 10 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-26-38, 19..., to 4-8-38, 19... I last saw h. alive on 4-8-38, 19... Death is said to have occurred on the date stated above, at 1:03 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum & metastases to liver	1937

Other contributory causes of importance: None

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

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) R. H. McElroy, M. D.
(Address) Mo-Pac Hospital

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

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.) --