

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30225

BUREAU OF THE CENSUS
SEP 7 1939

State File No. _____

Registration District No. 784

Primary Registration District No. (11)

Registrar's No. 1393

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Rich Hts

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Colonial Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Thomas A. Dwyer, 600

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 17 1872
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER { 12. Name John Dwyer 5

13. Birthplace Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Helen Hennessey

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Dwyer
(b) Address 661 Belt Ave.

17. (a) Burial (b) Date thereof Aug. 5 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director 1710 N. Grand Blvd.
(b) Address

19. (a) AUG 4 1939 (b) T. R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1939 hour 2 minute _____ M.

21. I hereby certify that I attended the deceased from 4-29-39 to 8-3-39
that I last saw him alive on 8-2- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Gravama of stomach</u>	
Due to _____	
Due to _____	
Other conditions (Include pregnancy within 3 months of death) <u>4/6</u>	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Chas. J. Steen (M. D. or other) _____
Address 3604 Washington Date signed 8-4-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Fred Frick

Licensed Embalmer No.

3186

P. O. Address

St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.