

FILED JAN 23 1947 57
Registration District No.

Primary Registration District No. 3036

Registrar's No. 233

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five Hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 926 N. Fifth St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1941 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from December 31
1938 to December 25, 1941;
that I last saw h. CV alive on December 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis (chronic) Duration 3 mos

Due to 930
Due to _____

Other conditions bronchitis with bronchial asthma 3 yrs?
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury D
23. Signature George E. Kite (M. D. or other) MO
Address St. Charles, Mo. Date signed 12/27/41

3. (a) PRINT FULL NAME May Louise Dwiggin

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Joseph Dwiggin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Godfrey Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Godfrey

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

14. Maiden name Louise Le Gave

15. Birthplace Postage Re. Sours, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Dwiggin

(b) Address West Alton, Mo.

17. (a) Burial (b) Date thereof Dec. 29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Roman Cem.

18. (a) Signature of funeral director N.C. Dillmeier & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 12-30-41 (b) Clarence G. Woodler
(Date received local registrar) (Registrar's Signature)

679

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

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 *John E. Dallmeyer*.....

Licensed Embalmer No. *2951*.....

P. O. Address *Charles Mo*.....

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.)

If this body is not embalmed, fact should be so stated above.