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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22956**
Registrar's No. **6754**

FILED AUG 8 1944

1003

Registration District No. **1818**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4643 Carter Ave. /
(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 000

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

(d) Street No. 4643 Carter Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Anthony Dwyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Dwyer

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 29 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>2</u>	hr. _____ min.

9. Birthplace Co. Kerry Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business Retired

12. Name Dont Know

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Dwyer

(b) Address 4643 Carter Ave.

17. (a) Burial (b) Date thereof 8-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) AUG 9 1944 (b) J. F. Bredbeck
(Date given local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1944 hour 12 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 17, 1943 to July 31, 1944
that I last saw him alive on July 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 8 hours.

Due to Cardio-renal vascular disease 2 years

Due to _____

Other conditions 131
(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:

(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? _____ Means of injury 0

23. Signature John Dwyer (M. D. or other) _____

Address 4703 Carter Ave. St. Louis Date signed 8-1-44

APR. 5 1945

MAY 31 1945

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, 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.