

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. **38743**
Registrar's No. **169**

Registration District No. **310** Primary Registration District No. **3058**

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 **17 DAYS**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **ST-CHARLES**
(c) City or town **WEST-ALTON-MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **PORTAGE-TOWNSHIP**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY-DWIGGINS**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **18**
year **1945** hour **Seven** minute **30** A. M.
21. I hereby certify that I attended the deceased from **Nov 4 - 1945**
to **Nov 18 1945**
that I last saw her alive on **Nov 17**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John R. Dwiggin**
6. (c) Age of husband **Deceased** years
7. Birth date of deceased (Month) **7** (Day) **18** (Year) **1867**

Immediate cause of death
Uraemia, nephrosclerosis, hypertensive, left cerebral thrombosis, Hypertension
Due to **state pulmonary embolism**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **78** Months **4** Days **0**
If less than one day hr. min.

Major findings:
Of operations _____
Of autopsy **97**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **West Alton Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **At Home**

12. Name **CHRISTIAN-EICHELE**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY VOGT**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Dwiggin**
(b) Address **7546 Spina - Muncie City Mo**
17. (a) **Burial** (b) Date thereof **11-20-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

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 **Vincent A. Schindler** (M. D. or other) **MD**
Address **St. Charles Mo** Date signed **11/20/45**

(c) Place: burial or cremation **Portage de Lions, Mo**
18. (a) Signature of funeral director **H. C. Dalby & Sons Co**
(b) Address **800 N 2nd - St Charles Mo**
19. (a) **11-20-1945** (b) **Ernest G. Paul**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number: _____

Date Filed 12-11-45

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 _____

Philip C. Miceli, Registered Apprentice No. 388
working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St 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.