

FILED JUL 23 1947

Registration District No. 1947

Primary Registration District No. 6076

1. PLACE OF DEATH
(a) County Lt. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crystal Lake Pk. Kirk RR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lt. Louis
(c) City or town Crystal Lake Pk
(If outside city or town limits, write "RURAL")
(d) Street No. Kirkwood RR #5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HANORA J. DWYER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1947 hour 12 minute 40 P.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Wm. J. Dwyer
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Dec 16 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27, 1946, to July 13, 1947
that I last saw her alive on July 13, 1947
and that death occurred on the date and hour stated above:

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death
Tuberc. Pneum.
Myocardial Failure
Due to Diabetes Mellitus
Gen. Arteriosclerosis
Duration
2 days
30
(?)
(?)

9. Birthplace Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

Other conditions _____
(Include pregnancy within 5 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Simon Shea 4
13. Birthplace Ireland
14. Maiden name Hanora Grogan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Maurice Dwyer
(b) Address 1260 Turdus - N. City
17. (a) Burial (b) Date thereof 7-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Louis St. Bopp, Inc
(b) Address Clayton
19. (a) 7-17-47 (b) Carol A. Dupont
(Date received local registrar) (Registrar's signature)

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 J. Makade (M. D. of _____)
Address Humboldt Blay Date signed 7/14/47

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

76
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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 Peter B. Dulnoillet

Licensed Embalmer No. 3691

P. O. Address. Richmond, Virginia

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.