

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39430
Registrar's No. 2365

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside of county limits, give RURAL and give township) Clayton		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Hour		e. STREET ADDRESS (If rural, give location) 1340 McCausland 20491	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Dwyer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1954		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1889		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas J. Dwyer		13b. MOTHER'S MAIDEN NAME Mary Ann Corcoran		14. NAME OF HUSBAND OR WIFE Anna Dwyer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 488-16-8068		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Dwyer		ADDRESS 1340 McCausland Ave	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Art. Occlusion				INTERVAL BETWEEN ONSET AND DEATH 15 mins.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic heart dis				for? yrs 7	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. bronchitis & emphysema				Several yrs.	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **7-10 1951**, to **10-7 1954**, that I last saw the deceased alive on **10-2 1954**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Hammond M.D.		23b. ADDRESS 0634 N. Grand		23c. DATE SIGNED 10/8/54	
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24a. BURIAL / CREMATION / REMOVAL Removal		24b. DATE 10-11-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 10/9/54		REGISTRAR'S SIGNATURE Richard R. Sant...		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Wendell	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

