

7483

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>411</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St Louis</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D O A</u>		c. CITY OR TOWN <u>Wellston 4301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hospital</u>				• STREET ADDRESS (If rural, give location) <u>1583 Wellston Pl</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary Elsie</u>		b. (Middle) <u>Elsie</u>		c. (Last) <u>Dwyer</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>10</u>		(Year) <u>56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child-Single</u>		8. DATE OF BIRTH <u>9-3-53</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> <u>St Louis Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Raymond Dwyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Reed</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Dwyer</u>		ADDRESS <u>1583 Wellston Pl</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia - aspirated stomach contents - autopsy showed undigested food in throat. Also step-brother had held hand over child's mouth while she was crying to keep her quiet.</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) _____			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Q</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>9210</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / (STATE) <u>Wellston 400 St. Louis Mo.</u>		21d. TIME OF INJURY <u>Feb. 10, 1956 between 1:00 & 2:00pm</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>brother held hand over mouth to keep her quiet</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann Coroner</u>		23b. ADDRESS <u>Clayton 5, Mo.</u>		23c. DATE SIGNED <u>2-14-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>2-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>2-13-56</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Dombard M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos W Clark Funeral Home Inc</u>		ADDRESS <u>1125 Hadiamont Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alfred J. Bredeker*.....
Licensed Embalmer No. *266*

P. O. Address *1125 Hudson*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**