

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008050  
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. ~~544~~ Registrar's No. 517

1. PLACE OF DEATH a. COUNTY St, Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St, Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <del>Kirkwood</del> Clayton Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkwood 4713 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION St, Louis County 18 Hrs		d. STREET ADDRESS (If outside, give location) Reside on Form 561 S. Harrison Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Gertrude Dwyer		4. DATE OF DEATH Month Day Year 2 17 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3 1907 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dance Instructoress		10b. KIND OF BUSINESS OR INDUSTRY Rapp-Dwyer	11. BIRTHPLACE (City and state or country) St, Louis, Mo
13. FATHER'S NAME Henry Delporte		14. MOTHER'S MAIDEN NAME Mary L. Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yrs. give year or dates of service) No No		16. SOCIAL SECURITY NO. 489-38243	17. INFORMANT Address Patricia Speckmayer
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage of undetermined origin Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 330X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 2/17/58 to 2/17/58. 6 hours.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-17-1958 to 2-17-1958 and last saw her alive on 2-17-1958 Death occurred at 5:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.		22b. ADDRESS 601 S. Brentwood Blvd.	22c. DATE SIGNED
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE 2/20.58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Kirkwood Missouri
24. FUNERAL DIRECTOR ADDRESS Pfitzinger 331 Skirkwood Rd		25. DATE RECD. BY LOCAL REG. 2-18-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only black ink.

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

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.