

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013839

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 36

5. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-MERAMEC</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <b>ST. Josephs Hill INFIRMARY</b>		Length of stay in lb <b>20 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>1332 KRAFT</b>
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>C.</b> Last <b>DWYER</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>11</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 6, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - TAVERN OWNER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John DWYER</b>	
13b. MOTHER'S MAIDEN NAME <b>BRIDGET KEATING</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>322-1250-587</b>	
17. INFORMANT <b>Bro. Roch St. Josephs Hill INFIRMARY</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>EXTENSIVE CARCINOMA OF BRAIN</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>MARCH 23, 1959</b> to <b>APRIL 10, 1959</b> and last saw him alive on <b>APRIL 10, 1959</b> Death occurred at <b>APRIL 11, 1959 7:02 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>St. Josephs Hill INFIRMARY</b>	
22c. DATE SIGNED <b>4/11/59</b>			
23a. BURIAL OR CREMATION, REMOVAL (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <b>Gravary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>William J. Connelly</b>		25. DATE RECD. BY LOCAL REG. <b>4-15-59</b>	
ADDRESS <b>3840 Indale Blvd.</b>		26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer.</b>	

APR 8 1959

VS APR 21 1959

DATE RECEIVED  
APR 17 1959

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. 4699  
P. O. Address 384 St. Louis

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.