

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37223

1. PLACE OF DEATH

City St. Louis (No. City Hospital #)
 Registration District No. 794
 Township St. Louis Primary Registration District No. 794

File No. _____
 Registered No. 9848
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 387 N. Olive St. St. 21 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Dwyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 65 2 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2369
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 13. NAME Joseph Dwyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Margaret O'Toole
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Margaret Dwyer (ADDRESS) 1722 1/2 Grand Blvd
 18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Nov 8th 1932

19. UNDERTAKER Gullerane Bros (ADDRESS) 1100 S. Broadway
 20. FILED NOV - 7 1932 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 5th 1932
 22. I HEREBY CERTIFY, That I attended deceased from Prophy sepsis, 19____
 I last saw h. _____ alive on _____ Date of death said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
Chronic Interstitial Nephritis
 Other contributory causes of importance: 131 (7)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) T. J. W. W.

(Address) St. Louis
 Registrar 11/7/32

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

