

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

Do not use this space.

37765

1. PLACE OF DEATH  
 County St. Louis Registration District No. 189  
 Precinct Central City Primary Registration District No. 6033 B  
 (No. 1049 Charleville Plac St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Roger J. Dwyer  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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 Single  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 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) Mo

13. NAME John Dwyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Margaret O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Margaret Dwyer  
 (ADDRESS) 1049 Charleville Pl

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE Nov 1933

19. UNDERTAKER Arthur J. Honnelly & Co  
 (ADDRESS) 3820 Lindbergh Ave

20. FILED 11/22/1933 John Dwyer, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1932 to Nov 21 1933  
 I last saw him alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 5:35 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic  
Central Sufficiency  
Arteriosclerosis  
Chronic Bronchitis  
 Other contributory causes of importance:  
Arteriosclerosis  
Chronic Bronchitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Charles P. Kelly M. D.  
 (Address) Charleville Plac

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.

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Wm J. H. Seabury

Emulation Bay

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