

REC'D MAY 19 1939

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

15231

Do not use this space.

1. PLACE OF DEATH
REC'D MAY 19 1939

(a) County Jefferson

(b) Township MERAMEC

(c) City

(d) Street No.

Registration District No. 425

Primary Registration District No. 5580

Registered No. 1218

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)
St. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Dwyer

(a) Residence, No. Jefferson County BYRNESVILLE Mo

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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 Geneve Dwyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) MissouriFATHER
13. NAME John C. Dwyer
14. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo.MOTHER
15. MAIDEN NAME Margerete Riley
16. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo.17. INFORMANT John Dwyer Jr.
(ADDRESS) Cadwin, Mo. R.F.N.#18. BURIAL, CREMATION, OR REMOVAL
PLACE Byrnesville DATE Apr. 15 193919. FUNERAL DIRECTOR Kenneth W. Koch
(ADDRESS) Fenton Mo.20. FILED 15 Apr 39 James A. Dwyer
Local Registrar. 386

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20 1939, April 11 1939

I last saw him alive on April 11 1939 Death is said to have occurred on the day stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset 1935

Other contributory causes of importance
Chronic Nephritis
Nitrat ResurgitationName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____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? No
If so, specify _____
(Signed) John H. Roesser, M. D.
Duttoner, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR STAMPING

V. S. 2. 50M-7-20-37

I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Harold W. Koch Licensed Embalmer No. 3047

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Harold W. Koch
Licensed Embalmer No. 3047

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.)