

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9267
Registrar's No. 2750

Registration District No. 791 Primary Registration District No. 1003

534
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital No. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community Life Time (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Dwyer.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph E. Dwyer 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 29 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Holybee
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Swan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Holybee
(b) Address 6 Brentmoor Park
17. (a) Burial (b) Date thereat March 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. Stroot Carroll

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge
19. (a) MAR 25 1940 (b) J. F. Beduch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4403 Olive
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1940 hour 12 minute 20a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h er alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Apoplexy
apoplexy
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Joseph M. Dwyer (Date signed) _____
Address _____

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address

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 this body is not embalmed, above space should be left blank.