No. 2
11-10-39
-17-39
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SEP 5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29716

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1660

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

1. PLACE OF DEATH:

(a) County St. ~~Charles~~ Louis

(b) City or town Wellston, St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanitarium.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 4 months (Specify whether years, months or days)
In this community 1 year 4 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Charles~~ St. Louis

(c) City or town ~~St. Louis, Mo~~ Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 5300 Page
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME MRS. KATE DWYER 6AD

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Daniel Dwyer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) 1858 (Year)

8. AGE: Years 82 Months Don't Know Days If less than one day hr. min.

9. Birthplace IRELAND (City, town, or county) EUROPE (State or foreign country) 5

10. Usual occupation Seamstress Retired

11. Industry or business Unknown Mullen

FATHER
12. Name Unknown Mullen X
13. Birthplace " IReland (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Unknown X
15. Birthplace Ireland (City, town, or county) (State or foreign country) 5

16. (a) Informant Thomas M. Brady
(b) Address 5243 Nottingham Ave

17. (a) 8-31-40 - Burial (Burial, cremation, or removal) (b) Date thereof 9-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP - 1 1940 (Date received local registrar) (b) [illegible] (Registrar's signature) JB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1940 hour 8 minute 05 AM.

21. I hereby certify that I attended the deceased from 4-16-39, 1939, to August 31, 1940, that I last saw her alive on 8-30-1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia (primary)	2 yrs
Due to Arterio-sclerosis	
Due to Psychosis ō senile Arterio sclerosis	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 107	
Of autopsy Not done	

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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury No.

23. Signature W. B. Sytton (M. D. ~~or other~~)
Address St. Vincent's Sanitarium Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Mansha

Licensed Embalmer No. 2868

P. O. Address 3840 Lunde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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