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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39583

State File No.

Registration District No. 784

Primary Registration District No. Jow

Registrar's No. 2487

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town St. Louis Wellston
(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 27 yrs (Specify whether
In this community same (Mar 11, 1914)
years, months or days Sister Felicitas

3. (a) PRINT FULL NAME Miss (Mary Dwyer)

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased..... (Month) (Day) (Year) 1881

8. AGE: Years 60 Months - Days - If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business.....

12. Name UNKNOWN

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Sister Ann
(b) Address Wellston mo.

17. (a) REMOVAL (b) Date thereof 12-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CINCINNATI OHIO

18. (a) Signature of funeral director Bullock's Hall
(b) Address 1416 N Taylor ave
19. DEC 11 1941 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 096
(c) City or town RURAL, WELLSTON, MO
(If outside city or town limits, write "RURAL")
(d) Street No. Dr. Vincent's
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from September 1st 1941 to Dec 10 1941;
that I last saw her alive on Dec 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia

Duration 1 1/2 yrs

Due to Carcinoma of vaginal wall 2 yrs

Due to..... 490

Other conditions Psychosis 27 yrs
(Include pregnancy within 9 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 Lesold Ladance (M. D. or other) 0
Address 7300 St. Charles Rock rd Date signed 12-10-41

(Licensed Embalmer's Statement on Reverse Side) St Louis, Mo

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

6000

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

Clement McNear

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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, fact should be so stated above.