

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

39076

FILED JAN 5 1946
318

State File No. _____
Registrar's No. 11182

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-3-45-12-18-45
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
6701 (If rural, give locality)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAWLEL, WM. DE G. WIRE
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 493-05-8244

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18
year 1945 hour 3 minute 30 9 A.M.
21. I hereby certify that I attended the deceased from 10/1/8
1945 to 12/1/8, 1945
that I last saw him alive on Dec. 14, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MATTIE 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 9 3 1896
(Month) (Day) (Year)

Immediate cause of death _____
Terminal bronchopneumonia 1 day
Due to Parkinson's Disease 9 yrs
Due to _____

8. AGE: Years Months Days If less than one day
49 3 15 hr. min.

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation N.I.L.
11. Industry or business TITANIUM PIGMENT CO.
12. Name Francis DeGwire
13. Birthplace MISSOURI Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Small
15. Birthplace MISSOURI Mo
(City, town, or county) (State or foreign country)

16. (a) Informant City Inf records
(b) Address 5800 Arsenal St.
17. (a) BURIAL (b) Date thereof DEC. 21, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

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? _____

18. (a) Signature of funeral director Ed. Fendler
(b) Address 7420 Michigan at Koehn
19. (a) DEC 22 1945 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature John E. Allen (M. D. or other) M.D.
Address 5600 Arsenal Date signed 12/18/45

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

MOTHER FATHER

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 W E Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.