

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 27 1947 918

Registration District No.

Primary Registration District No.

1003

Registrar's No.

571

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital - ax C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (4) 2317
(If outside city or town limits, write "RURAL")
1702 So. Seventh St.
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME

PATRICIA DWYER

3. (b) If veteran, name war. None 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 Raymond T. Dwyer. 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased March 1, 1918.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 10 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dont know

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

14. Maiden name Dont know

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

16. (a) Informant Mr. Raymond T. Dwyer.

(b) Address 956 Hamilton Avenue.

17. (a) Burial (b) Date thereof 1-20-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 18 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th
year 1947 hour 10:28 minute P M.
21. I hereby certify that I attended the deceased from 1/14/47
....., 19....., to 1/16/47, 19.....
that I last saw her alive on 1/16/47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor (adenoma)
Due to "post op. 3rd month"
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 57
Of operations

Of autopsy

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 1/19/47
23. Signature J. F. Bredeck (M. D. or other) 1/19/47
Address Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Rex E. Campbell

Licensed Embalmer No.....

3881

P. O. Address.....

St. Louis, Mo

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.