

No. 2
-1/47
5-17-39

28959

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7515

1. PLACE OF DEATH:

(a) County.....
(b) City or town... **SAINT LOUIS:**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... **CITY HOSPITAL:**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community... **LIFE**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MISSOURI:** (b) County... **Gas**
(c) City or town... **SAINT LOUIS:** 17
(If outside city or town limits, write "RURAL")
(d) Street No... **5448 NORTH UNION BLVD** 9
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MARY A. DASHWOOD**

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

4. Sex... **FEMALE** 5. Color or race... **WHITE** 6. (a) Single, widowed, married, divorced... **WIDOW**
6. (b) Name of husband or wife... **WILLIAM ROGER DASHWOOD** 6. (c) Age of husband or wife if alive... **-----** years
7. Birth date of deceased... **NOVEMBER 26 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 11 hr. min.

9. Birthplace... **SAINT LOUIS - MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation... **AT HOME**

11. Industry or business... **MICHAEL KEARNS**

12. Name... **MICHAEL KEARNS** 13. Birthplace... **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name... **BRIDGET MURRAY** 15. Birthplace... **IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant... **WILLIAM DASHWOOD**
(b) Address... **5448 NORTH UNION BLVD.**

17. (a) **BURIAL** (b) Date thereof... **AUG 9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **ST. MATHEWS CEMETERY**

18. (a) Signature of funeral director... **C. R. LUPTON & SONS**
(b) Address... **7233 DELMAR BLVD.**

19. (a) **AUG 8 1947** (b) *J. B. ...*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **August** day... **7**
year... **1947** hour... **7:30** minute... **A.** M.

21. I hereby certify that I attended the deceased from... **August 5**, 19**47** to... **August 7**, 19**47**
that I last saw him alive on... **August 7**, 19**47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death... **chronic myocarditis**
Due to... **Don't know**

Due to... **9/3**
Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause of 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... **R. R. Merwin** (M. D. or other) **MD**
Address... **5330 Geraldine Ave** Date signed... **8-8-47**

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

MOTHER FATHER

Dr. R. R. Morrison

5330 Geraldine Ave

11-1 x 5-7 P.M.

GO: 0461-

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 Raymond L. Morris
Licensed Embalmer No. 4330

P. O. Address Maplewood - N.J.

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.