

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35794

1. PLACE OF DEATH

County..... Registration District No. 79V
 Township..... Primary Registration District No. 5043
 City St. Louis (No. 2160, Bremen A) St. Ward

File No.
 Registered No. 10300
 St. Ward

2. FULL NAME

(a) Residence, No. 2160 Bremen A St., 26 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bridget Ryan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9 - 1861</u>		
7. AGE YEARS <u>70</u>	MONTHS	DAYS <u>27</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shop-man</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>United Railway Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER FATHER 13. NAME Thomas Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Maria Dowling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Thomas Ryan (ADDRESS) 2160 Bremen A

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 8th 1931

19. UNDERTAKER Callahan Bros (ADDRESS) 4710 N. Grand

20. FILED 601 - 71931 1931 Wm C. Parker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to Oct 6, 1931
 I last saw him alive on Oct 5, 1931 Death is said to have occurred on the date stated above, at 538 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma (amide glands) Date of onset about 2 years
53E of neck
 Other contributory causes of importance:
53E

Name of operation Bladder diverticula Date of about 1930
 What test confirmed diagnosis? with cystoscopy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Geo P. Kuegel M. D.
 (Address) 3442 Bealline Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

