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.

FEB 11 1936

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

791

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 4743 Bonita St. ..... Ward)

File No. 3371

Registered No. 602

2. FULL NAME Jennie Ryan

(a) Residence, No. 4743 Bonita St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th. 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Philidelphia

FATHER

13. NAME Philip Carey

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

MOTHER

15. MAIDEN NAME Bridgit Carey

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

17. INFORMANT Geneva Remsfecher
(ADDRESS) 4743 Bonita

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 18th, 19..

19. UNDERTAKER Wm. Schumacher
(ADDRESS) 3013 Meramec St

20. FILED JAN 16 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Jan 14, 1936

I last saw her alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 9/10 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	Unknown
9/30	

Other contributory causes of importance:

La Grippe	1-12-36
Pulmonary thrombosis	1-14-36

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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 .....

(Signed) R. A. Schlueter, M. D.

(Address) 3218 S. Grand St. Louis Mo