

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.

Leg. DR WAR
1897-1918
FEB 12 1938

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

1154
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791

(b) Township Primary Registration District No. 1003

(c) City St. Louis Mo (d) Street No. 5157 - Lexington Ave Registered No. 1010
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

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

2. PRINT FULL NAME LAWRENCE-M-RYAN 500

(a) Residence, No. 5157, Lexington Ave St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>27</u>	<u>10</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Member St. Louis

9. Industry or business in which work was done, as saw mill, bank, etc. Pire - DEPT

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) St. Louis Mo

FATHER 13. NAME Lawrence R. Ryan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Ann - Laughlin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mr. Ann - Ryan 5157, Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan - 28 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Edna St. Howard & Son 4212 St. Louis Ave

20. FILED J. T. Bredeck (Address) 192 - Union
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1936, to Jan 25, 1938

I last saw him alive on 1/25/38 19..... Death is said to have occurred on the date stated above, at 2:45 P. m.

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

Uremia
Cardio - Renal - Vascular
Diseases
(Essential Hypertension)

Date of onset

Other contributory causes of importance: nephritis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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?

If so specify Diabetes (Signed) Dr. J. T. Bredeck M. D.
(Address) 192 - Union

STATEMENT BY LICENSED EMBALMER

I, Edward J. Howard, Licensed Embalmer No. 1443

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edward J. Howard

Licensed Embalmer No. 1443

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.)