

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.

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

4748
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **4710 Anderson Av.** Registered No. **1393**
 (e) Length of residence in city or town where death occurred **60** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ellen Ryan 5'00**

(a) Residence, No. **4710 Anderson Av.** St. **7** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 6th 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **June 11th 1870** to **Feb 6th 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23 - 1855**

I last saw alive on **Feb 4th 1938** Death is said to have occurred on the date stated above, at **7th a. m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 14

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **House work**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Date of onset

Chronic Myocarditis June 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

Other contributory causes of importance

Chronic Bronchitis 1934

FATHER 13. NAME **John Tyrrell 59**

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

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Frank Ryan 4710 Anderson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb 9th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Raimschwig Wnd. Co 4741 W. Florissant Ave**

20. FILED **J. P. Bredek**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **no**

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) **J. T. Gallagher**, M. D.
 (Address) **W. all Bldg 3903 Olive**

FEB 7 1938

3948 111

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson....., Licensed Embalmer No. 3575

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.)