

REC'D OCT 12 1938

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

30909
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. **3952 Shenandoah** Registered No. **8346**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 **Wiley Theodore Ryan**

(a) Residence, No. **3952 Shenandoah Ave** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clara allen Ryan**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 21 1874**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Street Car**
9. Industry or business in which work was done, as saw mill, bank, etc. **Conductor**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **Public Service**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Horton City Ky**
13. NAME **James Ryan**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ky**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Clara Ryan**
(ADDRESS) **3952 Shenandoah Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New SS peter Paul** DATE **Sept 24 1938**

19. FUNERAL DIRECTOR **Wm J Robert**
(ADDRESS) **1905 S Grand Blvd**

20. FILE **SEP 23 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **September 11th, 1938, to September 20th, 1938**

I last saw him alive on **Sept. 20th, 1938** Death is said to have occurred on the date stated above, at **9 A.M.**

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

Coronary thrombosis

Date of onset **Sept. 9th.**

Other contributory causes of importance:

Arteriosclerosis

Indefinite

Hypertension

Name of operation **None** Date of

What test confirmed diagnosis? **All usual** 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) **Wm J Robert** M. D.

(Address) **2278 S. Jefferson**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 _____

W. J. Roberts

Licensed Embalmer No. _____

502.

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.)