

Registration District No. 1000 Primary Registration District No. _____

1. PLACE OF DEATH
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hosp
(d) Length of stay: _____

In this community _____ years, months or days
3. (a) PRINT FULL NAME: James Ryan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: 65 years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country)

10. Usual occupation: Labourer

11. Industry or business: Unknown

12. Name: _____ 13. Birthplace: _____ (City, town, or county) (State or foreign country)

14. Maiden name: _____ 15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own name: August Wentz (b) Address: 6338 Hancock

17. (a) _____ (b) Date thereof: 11/30/39 (c) Place: burial or cremation: St. Louis

18. (a) Signature of funeral director: Arthur J. [Signature] (b) Address: 3500 [Address]

19. (a) _____ (b) _____ (c) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: _____
(c) City or town: St. Louis 21 (d) Street No.: 2207 Chestnut
(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1939 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acceleration of Brain Hemorrhage due to fracture of skull.

Due to: suffered when decedent fell down flight of stairs.

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Ch. 31-1939 - about 7° of Of operations: at 40 to 22nd St Of autopsy: Accident

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 10/31/39
(c) Where did injury occur?: St. Louis 21

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 Public Place
While at work: _____ (Specify type of place) (e) Means of injury: _____

23. Signature: Joseph M. [Signature] (M. D. or other) _____
Address: St. Louis Date signed: _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.