

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1836**

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4415 St. Louis Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis Mo. 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4415 St. Louis Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARGARET RYAN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 15, 1876
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>63</u> | <u>3</u> | <u>6</u> | hr. min. |

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name James Ryan

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

14. Maiden name Elizabeth Mc Afee

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Buchoff

(b) Address 4604 Ashland Ave

17. (a) Burial (b) Date thereof Feb 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Howard P. Stone

(b) Address 4212 St. Louis Ave

19. (a) FEB 23 1940 (b) J. F. Buchoff
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21-
year 1940 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from January 18- 1940 to February 21 1940
that I last saw her alive on February 16th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular - Renal
Disease

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Ed. P. ... (M. D. or other) _____
Address 3601 ... Date signed 2/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

87 hours, 20 min

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 *Joe A. Howard*

Licensed Embalmer No. 4139 -

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.