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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26364**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1265**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town WELLESSTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST VINCENT'S SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 YEARS
In this community 18 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. St. Vincent's Sanitarium
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Ryan, Miss Mary **507D**

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 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. ABOUT 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 ? ? _____ hr. _____ min.

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

10. Usual occupation Housemaid

11. Industry or business

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Sister Margaret

(b) Address ST VINCENT'S SANITARIUM

17. (a) BURIAL (b) Date thereof 7-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Callan - Kelly

(b) Address 1416 N. Taylor

19. (a) **JUL 5 - 1940** (b) [Signature]
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1940 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 12/12/1921 to 7/5/1940
that I last saw her alive on 7/5/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death arterial renal vascular disease Duration 10 years

Due to Fractured hip 3 wks

Due to Senility 10 years

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations 186 a

Of autopsy 18

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence at 3 wks. ago
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 St. Vincent's Sanitarium
While at work? - (Specify type of place) (e) Means of injury Fall

23. Signature W. B. Lytton (M. D. or other) MD

Address St. Vincent's Sanitarium Date signed 7/5/40

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

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 Edmund McNeuf

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.