

Registration District No. **784**

Primary Registration District No. **109**

Registrar's No. **211**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7304 Lyndover Plc.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 2
years, months or days

3. (a) PRINT FULL NAME Margaret Ryan Genail

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Genail

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

7. Birth date of deceased July 26, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	3	11	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

12. Name Daniel Rvan,

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

14. Maiden name Ellen Cahill

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

16. (a) Informant Mrs. Adele Jennings

(b) Address 5660 Kingsbury Plc.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11/9/40
(Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane.

19. (a) NOV 9 1940
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7304 Lyndover Plc.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1940 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 4, 1929, to November 7, 1940;
that I last saw her alive on November 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Coronary type) Duration 1 yr

Due to 9:30

Due to Chronic Arterial Hypertension 1 yr

Other conditions Simple Epilepsy 11 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy No autopsy

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 _____

(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? _____

23. Signature P. D. [Signature] (M. D. or D.O.)

Address Pasteur Bldg. Date signed 11/8/40

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..... 1994
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, fact should be so stated above.