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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8892

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2302

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 4643 Evans Ave.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Margaret F. Ryan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. Color or race W.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.D.

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

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

7. Birth date of deceased Jan. 31st., 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 1 10 ..hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name John F. Ryan

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

14. Maiden name Margaret Hughes

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

16. (a) Informant Miss Teresa Ryan

(b) Address 4643 Evans Ave.

17. (a) Burial (b) Date thereof 3-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 13 1941 (b) J. T. Bedrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00011

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4643 Evans Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.,
year 1941 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-1-38
19..... to 3-11-41 19.....

that I last saw h. er alive on 3-11-41
and that death occurred on the date and hour stated above.

Immediate cause of death Ac Coronae Failure
Chronic Myocarditis
Chronic Polyarthralgia
Chronic Nephritis
non calcareous otitis

Due to.....

Due to.....

Other conditions (including pregnancy within 1 month of death)
non calcareous otitis

Major findings:
Of operations.....
Of autopsy 93d Young 98C

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) no

(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 George J. Arthur MD
While at work? (Specify type of place) (or) Means of injury
Address 3903 Olive Date signed.....
Wall Bldg

J.R. Vanmatre
3300 - 6th

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..... *W.R. Vanmatre*

Licensed Embalmer No. *2825*

P. O. Address..... *4340 Lafayette*

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.