No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16353

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3871

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5320 Bancroft 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 174
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5320 Bancroft Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nellie A. Ryan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Edward J. Ryan

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

7. Birth date of deceased Dec. (Month) 18th (Day) 1862 (Year)

8. AGE: Years 78 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Kiely
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Hannah Connors
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Lillian Ryan
(b) Address 5320 Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 7 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1941 hour 5:40 minute A.M. M.

21. I hereby certify that I attended the deceased from April 20, 1941, to May 6, 1941; that I last saw her alive on May 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolus	
Phlebitis of Saphenous Vein (R)	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address 203 Brannon Bldg. Date signed 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

Beaumont Bldg. Clo[illegible]

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.