

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **30239**
Registrar's No. **7578**

Registration District No. **791** Primary Registration District No. **1003**

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

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:
DePaul
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks-one day
In this community 8 yrs. 7 mos. 17 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010
(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Newhouse Ave 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Ann Ryan

3. (b) If veteran, name war no 3. (c) Social Security No. none

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 Feb. 1, 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 7 17 hr. min.

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

10. Usual occupation school girl

11. Industry or business.....

12. Name Edward Ryan

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

14. Maiden name Catherine Perotti

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

16. (a) Informant Catherine Ryan

(b) Address 1402 Newhouse Ave

17. (a) burial (b) Date thereof Sept. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodrich
(b) Address 2228 St. Louis Ave

19. (a) SEP 19 1941 (b) J. B. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1941 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 8, 1941 to Sept. 18, 1941
that I last saw her alive on Sept. 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death MENINGITIS
(NO ORGANISM FOUND)

Due to.....

Due to.....

Other conditions (Include pregnancy within 5 months of death)
Chronic Nonsuppurative Otitis

Major findings: Sclerotic Mastoid (left)

Of autopsy Chronic Basilar Lepto Meningitis

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) (e) Means of injury.....

23. Signature Thomas B. Hantz (M.D. or other)
Address 2739 N. Grand Date signed 9/18/41

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 *Charles J. Goodhart*
Licensed Embalmer No. *2777*
P. O. Address *Flower Mo*

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.