

ED MAR 15 1943 818

Registration District No. _____

Primary Registration District No. _____

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:
3902 Lindell Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Jane Ryan

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife John F. Ryan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unk., Unk., 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 Unk. Unk. 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 William Riley 13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Ann Martin 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luke J. Riley

(b) Address 3902 Lindell Blvd.

17. (a) Burial (b) Date thereof 3-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 3 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3902 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd.
year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 1
1943 to March 2 1943
that I last saw her or alive on March 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion, day
Cardio-vascular
Renal disease
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 12!
Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1-3

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 H Van Matre*
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.