

FILED DEC 28 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks.
In this community 3 weeks. (Specify whether years; months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME EFFIE MAE MAVERY

3. (b) If veteran, name war _____ 3. (c) Social Security No. yes

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bryan Avery 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased May 1 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name James M. Ryan
13. Birthplace Union Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nattie Ballard
15. Birthplace Steelville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Ryan
(b) Address 9405 Trenton - Clayton Mo.

17. (a) burial (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar - St. Louis

19. (a) DEC 17 1945 (b) J. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1945 hour eleven minute 15 M.

21. I hereby certify that I attended the deceased from Nov. 24, 1945, to Dec. 15, 1945, that I last saw her alive on Dec. 15, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 mos.
Acute Interstitial Nephritis 6 mos.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 30

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? _____

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

23. Signature John J. J. J. (M. P. J. J.)
Address 508 N. Grand Blvd. Date signed 12/15/45

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

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JAN 14 1945

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 Jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Plena

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.