

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29023

State File No. _____

Registrar's No. **6264**

FILED AUG 20 1948
Registration District No. _____

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:
Firman De Loges Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Hrs 40 Min
(Specify whether)
In this community About 50 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 26'

(d) Street No. 1627 N 17 St
(If rural, give location) 9

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

3. (a) PRINT FULL NAME Mary Ryan

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-14-4067

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
year 1946 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

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

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

7. Birth date of deceased 9 15 1867
(Month) (Day) (Year)

Immediate cause of death Labor Pneumonia Primary

Due to _____

Due to 108'

Other conditions (Include pregnancy within 3 months of death)

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

78 10 16 hr. _____ min.

9. Birthplace Unknown New Orleans
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name John Patrick Hughes

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

14. Maiden name Annie Griffen

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

16. (a) Informant Mr. John Clark

(b) Address 1627 N 17 St

17. (a) Burial (b) Date thereof 8-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Donald S. Bondhart

(b) Address 2228 St. Louis Ave.

19. (a) AUG 2 1948 J. F. Brasser
(Date of registration) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations: _____

Of autopsy: _____

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 3

Signature [Signature] (M. D. or other) _____
Date signed 8/2/46

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 Marie A. Cashion
Licensed Embalmer No. 3949
P. O. Address St. Louis 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.