

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

REG. 247-50  
I 11951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 14 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6886  
3215  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Weeks  
(Specify whether  
In this community 50 years  
years, months or days)

8. (a) PRINT FULL NAME Mary Agnes (McLaughlin) Ryan

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W 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 Sept. 12, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John McLaughlin

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

14. Maiden name Della Riley

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

16. (a) Informant's own signature Catherine Looney

(b) Address 4066a St. Louis Ave.

17. (a) Burial (b) Date thereof 3-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DRAB A 1947 (b) J. F. Brodeur  
(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. 4010 Lincoln Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd.  
year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 7, 1947 to March 3, 1947  
that I last saw him alive on March 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of large and small intestine  
Due to Chronic Intestinal

Duration

2

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operation Large and blood filled spread of tumor tissue  
Of autopsy Refused

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 \_\_\_\_\_

23. Signature Ross McLaw (M. D. or other) \_\_\_\_\_

Address 1117 N. Grand Date signed 3/3/47

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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. VanMatre .....

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, above space should be left blank.**