

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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22231

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1903City St. Louis Mo. (No. 1302 Monroe St.)

File No.....

Registered No. **6413**

St. Ward)

2. FULL NAME(a) Residence. No. 1302 Monroe St. St. 26 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Mar 1st 1863**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

65315**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Fireman Stationary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)St. Louis Mo.

(STATE OR COUNTRY)

10. NAME OF FATHERTom Ryan**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

U. S.**12. MAIDEN NAME OF MOTHER**Don't know**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

U. S.**14.**

INFORMANT

(Address)

Wm Ryan
1302nd Monroe St.**15.**JUN 17 1928
FILEDMay O Stark
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 16 19 28**17.**

I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 16, 1928,
that I last saw him alive on June 16, 1928, and that
death occurred, on the date stated above, at 2:50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gastric ulcer**CONTRIBUTORY (SECONDARY)**11A2**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

George Mueller M. D.

(Address)

1125 Madison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

CemeteryJune 19 19 28**20. UNDERTAKER**ADDRESS 1417H. Z. Leidner and Co. N. Market St.

