

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

Do not use this space.

29224

1. PLACE OF DEATH

County..... Registration District No.....
 Township St. Louis, Mo. Primary Registration District No. City Hospital #2
 City St. Louis, Mo. (No. City Hospital #2) St. _____ Ward)

File No. _____
 Registered No. 8358

2. FULL NAME

(a) Residence. No. 1107 W. 82 St., 25 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Ryan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-12-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	33	1	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Ryan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Betty Saddle
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

14. INFORMANT A. Gerbrude Creath
 (Address) City Hospital #2

15. FILED 12/11/29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7-29

17. I HEREBY CERTIFY, That I attended deceased from 8-7-29, 1929, to 8-7-29, 1929, that I last saw him alive on 8-7-29, 1929 and that death occurred, on the date stated above, at 6:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
 (duration) 6 yrs. 6 mos. — ds.
 CONTRIBUTORY Chronic nephritis
 (SECONDARY) (duration) 5 yrs. — mos. — ds.

18. WHERE WAS DEATH CONTRACTED 1290
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) A.E. Hale M. D.
8/9/29 (Address) City Hospital #2

*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 Father Dickson DATE OF BURIAL Aug 16th 1929

20. UNDERTAKER A. L. Bradford ADDRESS 226 Lucas Ave

