

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 1170  
 Township..... Primary Registration District No. 6289# File No. 42059  
 City..... (No. St. Marys Hospital) Registered No. 303  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 576 St. Jerome St., ..... 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) Single  
 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23, 1939  
 7. AGE YEARS MONTHS DAYS 14 If LESS than 1 day, .... hrs. or .... min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 10. NAME OF FATHER Thomas Ryan  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 12. MAIDEN NAME OF MOTHER Ellen Morgan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Thomas Ryan  
 (Address) 576 St. Jerome  
 15. FILED 12/8 1939 C. L. Jewell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1939  
 17. I HEREBY CERTIFY That I attended deceased from Nov 22, 1939, to Dec 7, 1939, that I last saw him alive on Dec 7, 1939, and that death occurred, on the date stated above, at \_\_\_\_\_  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute myocarditis  
11913  
93A  
 (duration) ..... mos. .... da.  
 CONTRIBUTORY (SECONDARY) Intestinal Toxemia  
 (duration) ..... yrs. .... mos. .... da.  
 18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH, DATE OF \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS Physical  
 (Signed) Willie W. Star, M. D.  
 , 19 (Address) 1492 Hodiamont St.

\*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 Calvary Cemetery DATE OF BURIAL Dec 9 1939  
 20. UNDERTAKER J. J. Quinn ADDRESS 1558 1/2 Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 24 1930  
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