

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

Do not use this space.

7975

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1000**
City **St. Louis** (No. **3634 Evans Ave**)
St. Ward

File No.
Registered No. **1975**
St. Ward

2. FULL NAME

(a) Residence No. **3634 Evans Ave** St., **11** Ward.

Length of residence in city or town where death occurred 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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1869		
7. AGE	YEARS 63	MONTHS 3
	DAYS 18	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
FATHER	13. NAME John Ryeley	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania	
MOTHER	15. MAIDEN NAME Martha Swift	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania	
17. INFORMANT (ADDRESS) Laura Jurek 3634 Evans Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis Feb 28, 1933		
19. UNDERTAKER (ADDRESS) W. J. ...		
20. FILED FEB 27 1933 19... Registry		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 25 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 24 1933 to Feb 25 1933**

I last saw him alive on **Feb 25 1933** Death is said to have occurred on the date stated above, at **7:30** m. The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia Date of onset **Feb 23**
108
131 **108**

Other contributory causes of importance:
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify
(Signed) **Charles Lee** M. D.
(Address) **3634 Evans Ave**

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.

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

James J. [unclear]