

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

Do not use this space.

34823

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 103
 City St Louis (No. 3226 St Vincent Ave St. _____ Ward _____)

File No. _____
 Registered No. 8994
 St. _____ Ward _____

2. FULL NAME.

(a) Residence, No. 3226 St Vincent Ave St. 17 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 - 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Connell Coal Co.

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) St Louis Mo.

13. NAME Michael Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank J. Ryan (ADDRESS) 13226 St Vincent Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 19 1933

19. UNDERTAKER F. Kelly Bros. (ADDRESS) 3029 Lafayette Ave

20. FILED OCT 18 1933 J. F. Reddeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1933, to 10-16, 1933

I last saw him alive on 10-16, 1933 Death is said to have occurred on the date stated above, at 355 in.

The principal cause of death and related causes of importance were as follows:

Cancer of Rectum Date of onset _____
47B
H7

Other contributory causes of importance: _____

8 Name of operation _____ Date of _____

What test confirmed diagnosis? Micro Was there an autopsy? No

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) Res. J. G. Quinn, M. D.

(Address) 2836 1/2 South St Louis Mo

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

10 1933

172
15
50

Dr. Garvin

2836 Choutman

6-8-P.M.