

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

Do not use this space.

38619

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **503**
City St. Louis (No. 4592nd Evans Ave) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. St. 11 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— Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1887
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
46 9 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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, Missouri

MOTHER FATHER
13. NAME John J. Ryan

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 4

17. INFORMANT (ADDRESS) John A Young 4592 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 12/1 1938

19. UNDERTAKER (ADDRESS) Arthur J Donnelly 3840 Lybelle Blvd

20. FILED 30 3 1938 Registrar. J. H. Brudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to 11-28, 1933
I last saw her alive on 11-28, 1933. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1931
Other contributory causes of importance: 131

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?.....
If so, specify Charles A. Neel, M. D.
(Signed) Charles A. Neel
(Address) 4546 Latona 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

