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.

APR 25 1934

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

Do not use this space.

File No. 10853
Registered No. 2700

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Celeste Ryan

(a) Residence, No. 2758 A Caroline St. Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6-1902

7. AGE: Years 31 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe 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) Piedmont (STATE OR COUNTRY) Missouri

FATHER

13. NAME Joseph L. Kelley
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Lydia Duncan
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

17. INFORMANT Mr Joseph Ryan (ADDRESS) 2758 A Caroline

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 19, 1934

19. UNDERTAKER E. J. Schnur (ADDRESS) 3125 S. Lafayette Av

20. FILED MAR 18 1934, 19 ..... J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1934, to Mar 17, 1934

I last saw her alive on Mar 16, 1934. Death is said to have occurred on the date stated above, at 3.45 A m.

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

	Date of onset
Septicaemia puerperal	3/10/34
145A	
139C	

Other contributory causes of importance:

Name of operation Curettage Date of 3/12/34

What test confirmed diagnosis? Microscopic 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) B. Franklin, M. D.
(Address) 1514 So Jefferson Ave