

OCT 23 1935

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

Do not use this space.

30956

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... *St. Louis* (No. *6400, Minnesota*)
St. Ward.....

File No.....
Registered No. *7748*
St. Ward.....

2. FULL NAME

Sister Columbine Ryan
(a) Residence, No. *6400 Minnesota* St., *1* Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS <i>About 77</i>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>	
	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) <i>St. Louis, Mo</i>		
FATHER	13. NAME <i>Patrick Ryan</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Bidget Cahill</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>Sister M. Jane 6400 Minnesota St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nazareth Cem.</i> DATE <i>Sept. 17 - 1935</i>		
19. UNDERTAKER (ADDRESS) <i>C. Hoffmeister U. & L. Co. 1078 1/2 So. Broadway</i>		
20. FILED <i>P 16</i> 1935 19. <i>J. T. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 14* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *January* 19 *31*, to *Sept 13* 19 *35*
I last saw her alive on *Sept 13* 19 *35*. Death is said to have occurred on the date stated above, at *1:15* a. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic
Date of onset *1933*

Other contributory causes of importance:
Atherosclerosis, general 19 *18*

Name of operation Date of
What test confirmed diagnosis? *None* 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 *35*
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) *A. H. Cleveland* M. D.
(Address) *3326 Milwaukee St.*

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 CAREFULLY WITH OMPASSING INK—THIS IS A PERMANENT RECORD

Cleveland

3326 Meramec

Pi. 3025

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