APR 11 1936

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

Do not use this space.

791

13381

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. ..... Registered No. 3481

Township ..... Primary Registration District No. .....

City St Louis (No. 4326, Manchester Ave St. ..... Ward)

2. FULL NAME VIRGIL RYAN

(a) Residence, No. 4326 Manchester St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 - 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	11	21	

OCCUPATION

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

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) Grandview Mo

FATHER

13. NAME Michael T Ryan

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

MOTHER

15. MAIDEN NAME Rosa McDonald

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

17. INFORMANT Gertrude Ryan
(ADDRESS) 4326 Manchester Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marans DATE Apr. 1, 1936

19. UNDERTAKER JAS P. SMITH FUNERAL HOME
(ADDRESS) 7456 Manchester Ave Maplewood Mo

20. FILED MAR 31 1936, 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29 Sun., 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Mar 29, 1936

I last saw him alive on Mar 28, 1936. Death is said to have occurred on the date stated above, at 11.45 P.m.

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

	Date of onset
Chronic Nephritis (Passing 6 Months or More)	
131	

Other contributory causes of importance: Hypertension 6 Months or More

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Winston Hall, M. D.

(Address) 1625 Tower Grove Ave

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

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.

Dr. Hall
1627 Lower Grove
at 8 30 a.m.