

OCT 21 1936

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

Do not use this space.

35466

1. PLACE OF DEATH

County St. Louis Registration District No. 787  
Township Meramec Primary Registration District No. 6032  
City Dicks (No. Dicks)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

2. FULL NAME Edmund Ryan

(a) Residence, No. 1818 Cass Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXX  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29th. 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 3 27

8. Trade, profession, or particular kind of work done, as owner, sawyer, bookkeeper, etc. Farker  
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Bernard Ryan

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

15. MAIDEN NAME Sarah Ryan

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

17. INFORMANT Thomas B Ryan (ADDRESS) 2159 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt DATE Sept 29th. 36

19. UNDERTAKER Harrigan & Sheahan Und Co (ADDRESS) 4415 Washington Blvd.

20. FILED Sept 28. 1936 Mrs J. J. Sica Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/26 1936, to 9/26 1936.  
I last saw him alive on Sept 26 1936. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset 9/26/36

Other contributory causes of importance:

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 \_\_\_\_\_  
(Signed) A. H. Brock \_\_\_\_\_, M. D.  
(Address) Eureka 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.

