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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3330

Registered No. 361

1. PLACE OF DEATH

County

Township

City St. Louis, Mo (No. , City Sanitarium St. Ward)

2. FULL NAME Richard Ryan

(a) Residence, No. 518 St Joseph St St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1875

7. AGE: About 62 YEARS; 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.: Watchman 182

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Watchman

10. Date deceased last worked at this occupation (month and year): May 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, North Dakato 2

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, North Dakato 2

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, North Dakato 2

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 58pp Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE Jan 10, 1937

19. UNDERTAKER (ADDRESS): John L Zeggenhorn & Sons 7022 Kingsland Av

20. FILED JAN 9 1937, 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, 19, to Jan. 8, 1937

I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

	Date of onset
Coronary Thrombosis	1-8-37

Other contributory causes of importance:

Arteriosclerosis	1-1-36x
Chr. Myocarditis	1-1-36x
Syphilis	1-1-36x

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) T. C. Campbell, M. D.

(Address) City Infirmary

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 INKS—THIS IS A PERMANENT RECORD

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