

APR 9 1937

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

Do not use this space.

10124  
2688

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. John's Hospital)

File No.....  
Registered No.....  
St. .... Ward)

2. FULL NAME Frank J. Ryan

(a) Residence, No. 5870 Delor St. St., 14 Ward.

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pattie Ryan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1888</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>11</u>
		DAYS <u>9</u>
	If LESS than 1 day, ..... hrs. or ..... min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Executive</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Oil Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Oct. U.S.</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis MO.

FATHER 13. NAME Frank Ryan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

MOTHER 15. MAIDEN NAME Nellie Kiely

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

17. INFORMANT Pattie Ryan  
(ADDRESS) 5870 Delor St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul 3-10 19.37

19. UNDERTAKER Kriegshauser Mortuaries  
(ADDRESS) 4228 So Kingshighway

20. FILED 8 1937  
J. E. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/5/30 19....., to 3/7/37 19.....

I last saw him alive on 3/7/37 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Acute lung  
47B

Other contributory causes of importance:  
Chronic pyelitis  
Benign

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

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) J. E. Bredeck M. D.  
(Address) Pratt Bldg

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.

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