

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32591

Do not use this space.

8645

OCT 14 1937

1. PLACE OF DEATH

(a) County

(b) Township

(c) City ST. LOUIS(e) Length of residence in city or town where death occurred 50 yrs. mos. ds.Registration District No. 791Primary Registration District No. 1003(d) Street No. MISSOURI PACIFIC HOSPITAL

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN H. RYAN(a) Residence, No. 3141a LAFAYETTE AVE

(Usual place of abode, if no street address, write county or city)

St. 17

(If nonresident, give city or town and State)

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

XXX

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

AUG. 4, 1856

7. AGE

YEARS

81

MONTHS

1

DAYS

10

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

R. R. FIREMAN

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

RETIRED

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)

ALTONILL.

FATHER

13. NAME

PATRICK H. RYAN

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

IRELAND

MOTHER

15. MAIDEN NAME

MARY TOOMEY

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

IRELAND

17. INFORMANT (ADDRESS)

MISS NORA RYAN3141a LAFAYETTE AVE

18. BURIAL, CREMATION, OR REMOVAL

PLACE ALTON ILL.DATE SEPT. 16

19. FUNERAL DIRECTOR (ADDRESS)

FEITZ BROS3029 LAFAYETTE AVE

20. FILED

SEP 15 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

SEPT. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 6.10am.

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

Fracture of the right hip suffered when he slipped and fell to the floor at his home 3/4/17. Hip joints are on

Other contributory causes of importance:

Aug. 22 - 1937 at about 12.45 P.M. Intermittent

Name of operation Date of Sept 14 1937What 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? accident Date of injury 8/22/37Where did injury occur? St. Louis

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Severe

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph T. Leman, M.D.(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)