

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

Do not use this space.

32674

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 8728

City St. Louis

(No. St. Ann's Hospital)

St.

Ward)

2. FULL NAME

(a) Residence, No. 1818 No 70th

(Usual place of abode)

St. 26

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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept 17 - 1937

7. AGE

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.

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

Stillborn

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)

St. Louis Mo

FATHER MOTHER

13. NAME

Joseph Ryan

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

St. Louis Mo

15. MAIDEN NAME

Beulah Biesch

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

St. Louis Mo

17. INFORMANT (ADDRESS)

Sister Joe
5301 Page

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CALVARY

DATE

9/18/37

19. UNDERTAKER (ADDRESS)

SULLIVAN UND Co
2849 North 4th St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 17 , 19 37

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw him alive on Sept 19 Death is said

to have occurred on the date stated above, at 8 p.m.

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

Date of onset

Intus uterine by xistion

Other contributory causes of importance:

Pre-maturity

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? no

If so, specify

(Signed)

John B. O'Neill

M. D.

(Address) 1222 Missouri Theatre Bldg

SEP 18 1937

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.

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Eugene H. Sullivan
Emblem Lucina 2930