

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

44487  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. 2067  
 (c) City Richmond Hegts (d) Street No. St. Mary's Hosp St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eleanor Ryan  
 (a) Residence, No. Conway & Marson Rds. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 5 11

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

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) England

13. NAME Philip Sheridan

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

15. MAIDEN NAME Ann Moran

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

17. INFORMANT Eleanor Ryan  
 (ADDRESS) Conway & Marson Rd.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Litchfield Ill. DATE 12/30/38

19. FUNERAL DIRECTOR (Name) Harrison & Sheahan Und  
 (ADDRESS) 4415 Washington Blvd.

20. FILED DEC 18 1938 J. R. Meyer M.D. R.P.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/38 1938

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1938, to December 17, 1938  
 I last saw her alive on December 17, 1938. Death is said to have occurred on the date stated above, at 9:45p.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
broncho-pneumonia

Other contributory causes of importance:  
g.j.k.

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), specify \_\_\_\_\_  
 (Signed) Thomas C. Bork, M. D.  
 (Address) 4660 Maryland Ave.

Date of onset  
12/10/38

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Robert W. Nappé

Licensed Embalmer No. 1861

P. O. Address 4111 Dundell

**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.)**

If this body is not embalmed, above space should be left blank.