

REC'D FEB 10 1939

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

248

Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township Primary Registration District No. 1003 Registered No. 248  
(c) City St. Louis (d) Street No. 29 Windemere Place St. 5  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Judge O'Neill Ryan.

(a) Residence, No. 29 Windemere Place St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Judge  
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) St. Louis13. NAME Richard Ryan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Margaret O'Neill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mrs. Mary Carmon Ryan  
# 29 Windemere Place18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-9-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly  
3840 Lindell Blvd.20. FILED JAN 8 1939 J.P. [Signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3<sup>rd</sup>, 1939, to Jan. 6<sup>th</sup>, 1939  
First saw him alive on Jan. 6<sup>th</sup>, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Acute heart attack, no definite heart disease

Other contributory causes of importance: 118  
Intermittent Fever (FLU) Jan. 3<sup>rd</sup>

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) F.O. Sturabalm, M. D.  
(Address) 5431 Cabanne ave

**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

*Stanley Marchlewski*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Rudell*

**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.**