

REC'D DEC 13 1939

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dorothy Ryan 57-0

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife nil 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>6</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name Glenn Ryan

18. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Rossmann

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Glenn Ryan

(b) Address 1036 Emmet St.

17. (a) Burial (b) Date thereof 11/8/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen

19. (a) NOV 8 1939 (b) J. F. Bradeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 23
(d) Street No. 1036 Emmett St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7,
year 1939 hour 12:55 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from November 5, 1939 to November 7, 1939
that I last saw her alive on November 7, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxy

Due to Bacillary

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plants, in public place? _____
(Specify type of place) (e) Means of injury _____

28. Signature Ed Lewis (M. D. or other) _____
Address City, Mo. Date signed 11-7-39

Duration 18 da.

PHYSICIAN _____

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.