

APR 9 1941
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 502

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 3 days
(Specify whether
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Beatrice Ryan

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

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Oct. 22 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

12. Name Bennett Dunn

13. Birthplace unknown N. Car.
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Hardy

15. Birthplace unknown N. Car.
(City, town, or county) (State or foreign country)

16. (a) Informant Booker Washington

(b) Address 3534 Cozen Ave.

17. (a) Burial (b) Date thereof Mar. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son.

(b) 2629-31 Wash St.

19. (a) MAR 5 1941 (b) W. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1615 S. Hanley Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3
year 1941 hour 4 minute: 25 A.M.

21. I hereby certify that I attended the deceased from 1-29-41
_____, 19____, to 3-3-41, 19____;
that I last saw h. er alive on 3-3-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinomatous pathologic fractures of vertebrae
Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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 place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Rich J. Hunter (M.D. or other) _____
Address 1615 S. Hanley Rd. Date signed 3-4-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. Bay

....., Registered Apprentice No. 2944
working under my personal supervision.

Signed: Ernie B. Baker

Licensed Embalmer No. 2944

P. O. Address St. Louis Mo

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, fact should be so stated above.