

FILED MAY 19 1942  
791

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4064

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 14 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 5218 Murdoch 9  
(If rural, give location)

(e) Citizen of foreign country?..... 0  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Norah Ryan

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th  
year 1942 hour 10:00 P.M. minute 00

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

6. (a) Married  
(Single, widowed, married, divorced)

6. (c) Age of husband or wife if 70  
years

7. Birth date of deceased Sept 18 1883  
(Month) (Day) (Year)

Immediate cause of death.....

Due to Coronary sclerosis  
Arteriosclerosis

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 58 Months 7 Days 21 If less than one day  
hr. min.

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name James O'Reilly 4

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name (Unknown) Barrett

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas E. Ryan

(b) Address 5218 Murdoch

17. (a) Burial (b) Date thereof 5-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) MAY 8 1942 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at work?..... (e) Means of injury 9

23. Signature James J. Fitzmaurice Cosman  
(M.D. or other)

Address 1500 16th St Date signed 7/8/42

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

**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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*04018*

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.**