

X35697

LED DEC 22 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11034**

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:
3226 St. Vincent Ave /
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Fannie Ryan**

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

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

6. (b) Name of husband or wife **Frank Ryan** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 13 1872**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 71 | 8 | 29 | hr. _____ min. _____ |

9. Birthplace **Kenrucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Ryan**
 (b) Address **3226 St. Vincent Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 15 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**
 (b) Address **3029 Lafayette Ave**

19. (a) **DEC 22 1943** (Date received loss certificate) (b) **J. F. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **917**
 (d) Street No. **3226 St. Vincent**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** th **December** day
 year **1943** hour **8:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 4** to **12-13** 19**43**
 that I last saw the decedent alive on **12-11** 19**43**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Mitral Stenosis** Duration _____

Due to _____

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.

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)
 (d) Means of injury _____

23. Signature **J. F. Bredbeck** (M. D. or other) **J. F. Bredbeck**
 Address **1416 Belmont** Date signed **12-24-43**

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 Francis J. Quinn

Licensed Embalmer No. 2245

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.