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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35340

Primary Registration District No. 6076

Registrar's No. 2218

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Pine Crest Homes for the Aged 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 4 mo 3da (Specify whether
In this community She was in this comm.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rose E. Ryan

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 4 (Day) 1877 (Year)

8. AGE: Years 66 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation AT Home

11. Industry or business

FATHER
12. Name Jeremiah Ryan 4
13. Birthplace UNKNOWN (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Rose E McMahon 1
15. Birthplace UNKNOWN (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Arthur J. Ryan
(b) Address 4939 W Pine Blvd St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood Mo

19. (a) OCT 31 1944 (Date received local registrar) (b) E. G. McGavean M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1944 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from October 20, 1943 to Oct 27, 1944
that I last saw her alive on October 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Dr. R. N. Jansen (M. D. or other)
Address Manchester Mo Date signed 10/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 Van M. Szemor

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl. Maplewood, 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.