

FILED APR 17 1946

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richwood Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary J. 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 John J. Ryan 6. (c) Age of husband or wife if alive 82 years  
Birth date of deceased May 22 - 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at Home

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John B. Marquardt  
13. Birthplace St. Louis Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Crane  
15. Birthplace St. Louis Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John J. Ryan  
(b) Address 118 S. Harrison

17. (a) Burial (b) Date thereof 4-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Charles Cem.

18. (a) Signature of funeral director James N. Gopp  
(b) Address Richwood Mo.

19. (a) 4-12-46 (b) W. M. Sarran  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis  
(c) City or town Richwood (If outside city or town limits, write "RURAL")  
(d) Street No. 118 S. Harrison (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 9  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Mar 16 1946 to Apr 9 1946  
that I last saw her alive on Apr 9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Embolism</u>	<u>10 minutes</u>
<u>Coronary Heart Failure</u>	<u>3 mos</u>
<u>Rheumatic Heart Disease</u>	<u>7 yrs</u>
Other conditions (Include pregnancy within 3 months of death)	<u>95%</u>

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) (e) Means of injury ✓  
23. Signature Ralph Tursella (M. D. or other) ✓  
Address 3720 Washington Date signed 4/10/46

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**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..... *Felix Durand* .....  
Licensed Embalmer No..... *3034* .....  
P. O. Address..... *Kirkwood 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.**