

DEPARTMENT OF COMMERCE-
BUREAU OF THE CENSUS
FILED SEP 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. 31463
Registrar's No. 1813

Registration District No. 567 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3828 Oakridge Ave.,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Pine Lawn,
(If outside city or town limits, write "RURAL")

(d) Street No. 3828 Oakridge Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA RYAN

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1946 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1946
to Sept 1st 1946
that I last saw her alive on Sept 1st 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 OCTOBER 1st 1868
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Chronic

Due to Senility 93D' **9 months**

Due to _____

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

8. AGE: 77 Years Months 11 Days --
If less than one day hr. _____ min. _____

9. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED- ATTENDANCE OFFICER

11. Industry or business ST. LOUIS PUBLIC SCHOOLS.

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name WILLIAM RYAN

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

14. Maiden name MARGARET SCHOLL

15. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ALICE RYAN
(b) Address 3828 OAKRIDGE AVE

17. (a) BURIAL (b) Date thereof SEP'T 4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) 9-2-46 (b) [Signature]
(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?
While at work? _____ (Specify type of place)
Means of injury _____

Signature [Signature] (M. D. or other) _____
Address University Club Bldg Date signed 9/1/46

Dr. Frank T. Davis
University Club
93 4113 0

FEB 5 1947

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 Clarence A. Murray
Licensed Embalmer No. 4011
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.