

S. No. 2
M-5-43
5-17-39
I X3657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEPT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **32168**
Registrar's No. **7594**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
St Johns
(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)

3. (a) PRINT FULL NAME Eva Ryan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife George Ryan

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 15 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name ? Turner

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

14. Maiden name Mary Ann Cudmore

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

16. (a) Informant George Ryan

(b) Address 5032 N Union Ave

17. (a) Burial **(b) Date thereof** 9 4 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cakvary

18. (a) Signature of funeral director Joe W Clark

(b) Address 1125 Hodiamont Ave

19. (a) SEP 3 1946 **(b) J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 717

(d) Street No. 5032 N Union Ave
(If rural, give location) 9

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1946 hour 6 minute 15 AM

21. I hereby certify that I attended the deceased from Sept 17 1946 to Sept 1 1946
that I last saw her alive on Aug 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____
Cardiovascular renal disease
Diabetic mellitus

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)
(c) Means of injury _____

23. Signature John W. Weisich (M. D. or other) md
Address 1212 N Broadway **Date signed** 9-3-46

Dr Jos A Granetto
5521 So Broadway
Lockhart 1911
1 To 3 Or 7 To 8

Meyerich

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.....

Alfred G. Boedecker

Licensed Embalmer No. 2663

P. O. Address 593 Alpha

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.