

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33170

FILED OCT 14 1946
318

State File No. _____
Registrar's No. 8470

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6337 Virginia 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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6337 Virginia Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas H. Ryan
3. (b) If veteran, name war None 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ryan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 17, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 13 hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Plumber

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Ryan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Leahy
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ryan
(b) Address 6337 Virginia Ave.,
Burial (c) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) OCT 2 1946 (Date received local registrar) J. F. Bures (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 30th
year 1946 hour 4a.m. minute _____ M.
21. I hereby certify that I attended the deceased from Sept 1, 1946 to Sept 30, 1946
that I last saw him alive on Sept 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Due to Coronary Occlusion
Due to arterio-sclerosis
Other conditions (Include pregnancy within 3 months of death) none
Major findings: Of operations none
Of autopsy none

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 _____
3. Signature H. A. Schneider (M. D. or other) 10-1-46
Address 3318 S Grand Date signed _____

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

DR. M. A. SCHNEIDER
3318 S. GRAND
GR. 0333

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 J. Wm. Dinsley
Licensed Embalmer No. 13653
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.