S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29969

FILED SEP 15 1947

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 1910

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 952 days (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3841 Folsom (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Patrick Thomas Ronan
3. (b) If veteran, name war
3. (c) Social Security No. 702-18-7488
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mabel Ronan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1886 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | - | 26 | hr. min. |

9. Birthplace London (City, town, or county) England (State or foreign country)
10. Usual occupation Gateman at Union Station
11. Industry or business
FATHER
12. Name Thomas Joseph Ronan
13. Birthplace London (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name Margaret Connell
15. Birthplace London (City, town, or county) England (State or foreign country) 4
16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) 9-9-47 (Date received local registrar) (b) Carla Z. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5 year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-26- 1945, to 9-5- 1947; that I last saw him alive on 9-5- 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | 13 yrs. (??) |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

13 b

PHYSICIAN

Underline the cause of 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

23. Signature William A. Herman (M. D. or other) MD
Address Robert Koch Hospital Date signed 9-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1953

MAR 25 1953

## 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. A. M. Bimbley

Licensed Embalmer No. 3653

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.