DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26885

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6781

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)

In this community 49 YEARS

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES NR
(If outside city or town limits, write "RURAL")

(d) Street No. 117 HELEENSTEIN AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Horton Casperis Ryan

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WIFE MINNA D RYAN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DECEMBER 13 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 26 If less than one day — hr. — min.

9. Birthplace BROWNSVILLE TEXAS (City, town, or county) (State or foreign country)

10. Usual occupation REPRISENTIVE OF GUTLER-PUB. CO

11. Industry or business PUBLICATION OF TRADE PAPERS

MOTHER FATHER

12. Name ROBERT HORTON RYAN

13. Birthplace ALBANY NEW YORK (City, town, or county) (State or foreign country)

14. Maiden name ANNA GERTRUDE CASPARIS

15. Birthplace WASHINGTON D. C. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address 117 HELEENSTEIN AVE Webster Groves

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUG 10-1940 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES MISSOURI

19. (a) AUG 8 1940 (Date received by local registrar) (b) J F Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 5, 1940 to August 8, 1940 that I last saw him alive on August 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic glomerulonephritis	
Due to:	
Other conditions: Anemia pseudoplastic purpura (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Chr glomerulonephritis
Generalized purpura G.I bleeding

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 1 X19511

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. Orrin B. Long 1581

Licensed Embalmer No. Webster Grove

P. O. Address.....

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, above space should be left blank.