

FILED JAN - 5 1943 18

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 10816

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
Home for the Aged 5  
(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 600

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.  
1028 Eichelberger  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME George F. Ryan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Ida M. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: April 6 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 5 to Dec 25, 1942  
 that I last saw him/her alive on Dec 22, 1942  
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
70	8	19	..... hr. .... min.

Immediate cause of death Arterio Sclerosis  
General. Duration 2 3/4

Due to.....

Due to.....

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

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

10. Usual occupation Clerk

PHYSICIAN

Major findings:  
 Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name George Ryan

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

14. Maiden name.....

15. Birthplace Dont Know.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Rothe  
 (b) Address 4955a Odell Ave.

17. (a) Burial (b) Date thereof Dec. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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) (e) Means of injury.....

23. Signature J. F. Brudeck (M. D. or other).....  
 Address 3842 Meramec St. Date signed 12/26

18. (a) Signature of funeral director Subken-Berg Montmar  
 (b) Address 3842 Meramec St.

19. (a) DEC 27 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**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 me

.....Registered Apprentice No.....

working under my personal supervision.

Signed Joe D. Benz

Licensed Embalmer No. 4249

2842 Meramec St.  
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.**