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S. No. 2
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12723

State File No. 4093

FILED MAY 12 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1952 Sidney Str.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Boyd Ryckman

3. (b) If veteran, name war No

3. (c) Social Security 488-07-9858

4. Sex Male

5. Color or race 0 wht.

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

6. (b) Name of husband or wife Eva J. Ryckman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. (Month) 5 (Day) 1894 (Year)

8. AGE: Years 48 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Springfield Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name William Boyd Ryckman
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almyra Lloyd
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Eva J. Ryckman
(b) Address 1952 Sidney Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 3. 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Edgmont Ill.

18. (a) Signature of funeral director Wm. C. Mondell
(b) Address 1926 Allen Ave.

19. (a) MAY 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1, year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1943 to May 1, 1943; that I last saw him alive on May 1, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Choleangitis	4 months
Due to Cystic Duct obstruction	3 months
Due to Carcinoma of Ampulla of Vater	3 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma Ampulla of Vater
Of autopsy Choleangitis, Cystic Duct obstruction Carcinoma Ampulla of Vater

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 Ben Mannis 0 (M. D. or other)
Address 1515 Lafayette Ave., Date signed 5/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. David

Licensed Embalmer No. 3741

P. O. Address 1826 Allerton

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.