

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7725

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:  
Mo. Pacific Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1-day  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Frank P. Ryan  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 8th., 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	18	hr. min.

9. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Terminal R.R.

MOTHER FATHER

12. Name Patrick Ryan

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

14. Maiden name Mary Unknown

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

16. (a) Informant Miss Teresa Ryan

(b) Address 3853 Lindell Blvd.

17. (a) Burial (b) Date thereof 8-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truesdale Mo.

18. (a) Signature of funeral director Walter J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 28 1943 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County 000  
 (c) City or town St. Louis 175  
(If outside city or town limits, write "RURAL") 025  
 (d) Street No. 1525 Pine St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26  
 year 43 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-25  
 1943 to 8-26 1943  
 that I last saw him alive on 8-26 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations none  
 Of autopsy none

Duration \_\_\_\_\_  
 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)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. P. [Signature] (M. D. or other)  
 Address Macoun Pacific Bldg Date signed 8-26-43

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

**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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**