

FILED MAY 20 1944

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 4390

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 days
(Specify whether years, months or days) DONT KNOW

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 522
(d) Street No. 1012 CHOUTEAU AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Harry 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 SINGLE

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

7. Birth date of deceased. DONT KNOW 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months DONT KNOW Days hr. min.

9. Birthplace. DONT KNOW MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. MECHANIC ELECTRIC

11. Industry or business.

12. Name. JAMES H. RYAN

13. Birthplace. DONT KNOW ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name. LYDA ERHARDT

15. Birthplace. DONT KNOW KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant. JAMES RYAN

(b) Address. 4414 CARSON ROAD

17. (a) BURIAL (b) Date thereof. 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEMETERY

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

(b) Address. 3840 Linfield Blvd

19. (a) MAY 12 1944 (Date received local registrar) J. T. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1944 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from April 26th
1944 to May 8th, 1944.
that I last saw him alive on May 8th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.

lobes pneumonia
108

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

Major findings: Of operations. Of autopsy. Not done

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. Gray Finley (M. D. or other) J.
Address. 1515 Lafayette Date signed 5/8/44

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Linsell

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.