

Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since 5-14-46**
(Specify whether years, months or days) **24 Years**

In this community **24 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County ~~St. Louis~~

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

(d) Street No. **4257 Hunt**
(If rural, give location)

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

3. (a) PRINT FULL NAME **RYAN, John Henry**

3. (b) If veteran, name war **World II**

3. (c) Social Security No. **490128030**

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

6. (b) Name of husband or wife **Delores Ryan** 6. (c) Age of husband or wife if alive **21 years**

7. Birth date of deceased **January 30 1922**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	4	19	hr. min.

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

10. Usual occupation **Student**

11. Industry or business.....

MOTHER FATHER { 12. Name **Virgil Ryan**

13. Birthplace **Grandin, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrude Fehrenbach**

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

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **June 22, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U & L**
(b) Address **St. Louis, Missouri**

19. (a) **6-22-46** (b) **E. D. McHargan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** year **1946** hour **1:50** minute **P** M.

21. I hereby certify that I attended the deceased from **5-14-46** 19 to **6-19-46** 19
that I last saw him alive on **June 19** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease**

Due to **95-4**

Due to

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **No Operation**
Of operations

Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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? **L. E. Stuebel** (Specify type of place)
Signature **L. E. STUEBEL, M.D.** (M. D. or other)
Address **Vet. Adm. Hosp. Jeff. Brks., Mo.** Date signed **6-19-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 29 1946
AUG 1 1946

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, ~~only~~.....
....., Registered Apprentice No.....
~~working under my personal supervision.~~

Signed *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address. *7814 S. Broadway*

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.