

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**FILED DEC 2 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis Mo

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

(c) Name of hospital or institution: Barnes Hospital; 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 9

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 115 College Ave.  
(If rural, give location) NR 4

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Norman D Ryeman

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

**3. (d) Social Security** No. 556-07-0576

**4. Sex** Male  **5. Color or race** White

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

**6. (b) Name of husband or wife** Ethel

**6. (c) Age of husband or wife if alive** 49 years

**7. Birth date of deceased** Nov. 1, 1890  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 22  
year 1946 hour 6 minute 20 A.M.

**21. I hereby certify that I attended the deceased from** Nov 13 1946 to Nov 22 1946  
that I last saw h.i.m. alive on Nov 22 1946  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>56</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death M.YOCARDIAL INFARCT - I.O.N., ACUTE, DUE TO ARTERIO - SCLEROTIC CORONARY THROM -

Due to Basis. 10 DAYS

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

**9. Birthplace** Prague Checo-Slovakia  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

**10. Usual occupation** Restraunt Manager

Of autopsy As Above.

**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? \_\_\_\_\_

**11. Industry or business** Edmonds Restraunt

**12. Name** Unknown

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

**14. Maiden name** Unknown

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

**16. (a) Informant** Ethel Ryeman

**(b) Address** 115 College Ave. Webster Groves, Mo

**17. (a) Burial** (Burial, cremation, or removal) St. Pauls Churchyard

**(b) Date thereof** Nov. 25, 1946  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** Jay B. Smith  
(b) Address 7456 Manchester Ave. Maplewood, Mo.

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**23. Signature** J. F. Bredeek (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 11/22/46

**19. (a) (Date of death)** Nov 22 1946  
(b) Registrar's signature J. F. Bredeek

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 3454

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

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.