

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19319
State File No.
Registrar's No. 5270

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 6351 Devonshire Avenue
(d) Length of stay: In hospital or institution
In this community years, months or days

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elizabeth Ryan
6. (c) Age of husband or wife if alive, years deceased
7. Birth date of deceased July 2, 1873

8. AGE: Years 73 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired proprietor
11. Industry or business Vess Bottling Company

MOTHER FATHER

12. Name Peter Ryan
13. Birthplace Ireland
14. Maiden name Catherine Bane
15. Birthplace Ireland

16. (a) Informant Mrs. Helen Keutzer
(b) Address 6351 Devonshire Avenue

17. (a) Burial (b) Date thereof May 28, 1947
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) MAY 27 1947 (b) J. F. Buddek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 6351 Devonshire Avenue
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from May 12, 1947 to May 26, 1947
that I last saw him alive on May 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (Apoplexy)

Due to Hypertension & Laryngeal Carcinoma

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

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Alfred H Meyer (M. D. or other)
Address 446 1/2 ... Date signed 5/24/47

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.....

Ronald Yahnke

Licensed Embalmer No. *3917*

P. O. Address *St. Louis, Mo.*

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..