No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24672

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6388

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: JEFFERSON HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABOUT 6 YRS (Specify whether years, months or days)
In this community ABOUT 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County —
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. JEFFERSON HOTEL 12 & LOCUST
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME HERBERT LAUD RYALL
3. (b) If veteran, name war NO
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife NELLIE RYALL
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased JUNE (Month) 12 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 5 If less than one day — hr. — min.

9. Birthplace FORT WAYNE (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business CLOTHING
12. Name JOHN RYALL (FATHER)
13. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)
14. Maiden name CATHERINE FITZGERALD (MOTHER)
15. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)
16. (a) Informant FRANK RYALL
(b) Address 7311 VINE ST. MAPLEWOOD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker Funeral Co
(b) Address WEBSTER GROVES MO
19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Brekeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from — 19 37 to July 17 19 48 and that I last saw him alive on July 17 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	minutes
Due to: Arteriosclerosis, generalized	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Max S. Franklin (M. D. ~~or other~~)
Address 634 N. Grand Date signed 7/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.