

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35536

State File No. _____
Registrar's No. **8808**

FILED OCT 27 1949

BIRTH NO. _____		REG. DIST. NO. 918		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8808	
1. PLACE OF DEATH: a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		93	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hospital				d. STREET ADDRESS (If rural, give location) WA-7726 Jerome Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) CLYDE c. (Last) RYAN			4. DATE OF DEATH (Month) (Day) (Year) OCT 11 1949				
5. SEX M U		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 3 May 1897	
9. AGE (In years last birthday) 52		10. MONTHS 5		11. DAYS 8		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Councilman				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Elsnore, Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Michael Ryan		13b. MOTHER'S MAIDEN NAME Rosa McDonnal		14. NAME OF HUSBAND OR WIFE Virgibia Fugua Ryan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 487-27-7123		17. INFORMANT'S SIGNATURE OR NAME Virginia F. Ryan ADDRESS 7726 Jerome Ave. Maplewood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure & shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerosis, obesity, & hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
INTERVAL BETWEEN ONSET AND DEATH seconds		11 days		4201		3 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) 102			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/A/H			
22. I hereby certify that I attended the deceased from 1 Oct 1949 , to 11 Oct 1949 , that I last saw the deceased alive on 10 Oct 1949 , and that death occurred at 8:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Christensen, M.D., Mo. Pac. Hosp.				23b. ADDRESS _____		23c. DATE SIGNED 11 Oct 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-14-1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, 7156 Manchester Ave. Maplewood 17, Mo.			

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

JUN 1 1957

211-1315

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

William S. Salter

.....
Licensed Embalmer No. *4699*

P. O. Address *St. Charles 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.