

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21963

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5046

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4939 Aldine 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital			

3. NAME OF DECEASED a. (First) Dorothy (Type or Print)			b. (Middle)			c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) 6/6/50		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30 1912		9. AGE (In years last birthday) 37		10. F UNDER 1 YEAR Months Days		11. F UNDER 18 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0				12. CITIZEN OF WHAT COUNTRY. CUBA.			
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13a. FATHER'S NAME Edward Burns				13b. MOTHER'S MAIDEN NAME Emma Gieselman				14. NAME OF HUSBAND OR WIFE Bernard Ryan			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Bernard Ryan				ADDRESS 4939 Aldine			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid Hemorrhage</i>											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>of Brain</i> DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <i>330X</i>			
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *530A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i> (Degree or title) Colonel				23b. ADDRESS 1300. <i>Central</i>				23c. DATE SIGNED 6/6/50			
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE 6/9/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. LOUIS, MO.			
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 8 1950 <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan FUNERAL DIR. 2849 EUCLID									
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WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert L. Brinkman*

Signed.....

Student Embalmer

Licensed Embalmer No. 3553

P. O. Address.....

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.