

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42786**
Registrar's No. **10471**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 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 2249	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3177A Oregon Av 24		d. STREET ADDRESS (If rural, give location) 3177A OREGON AV.	
3. NAME OF DECEASED a. (First) TIMOTHY (Type or Print) b. (Middle) E. c. (Last) RYAN			4. DATE OF DEATH (Month) (Day) (Year) DEC-5-50
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	8. DATE OF BIRTH JULY-23-1906
9. AGE (In years last birthday) 44 YRS.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME EDWARD-RYAN	
13b. MOTHER'S MAIDEN NAME MARGARET McGRATH		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT'S SIGNATURE OR NAME George Ryan 3177A Oregon Av.		ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
ANTECEDENT CAUSES		DUE TO (b) Coronary Sclerosis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>
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)
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? H201

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 **9:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner	23b. ADDRESS 1300. Clark	23c. DATE SIGNED 12 8 50
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL 0	24b. DATE DEC-9-50	24c. NAME OF CEMETERY OR CREMATORY CAH VARY Cem.
24d. LOCATION (City, town, or county) (State) St. Louis MO.	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schner	
DATE REC'D BY LOCAL REG. DEC 8 1950	REGISTRAR'S SIGNATURE J. B. Leater	ADDRESS 3125 Lafayette av

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

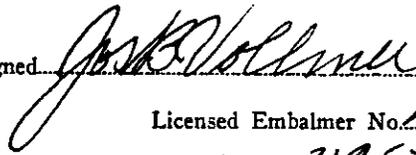
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette Ave.

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.