

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10567

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2172

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199  
d. STREET ADDRESS (If rural, give location) 17 4442 W. Pine Blvd. 0

3. NAME OF DECEASED  
a. (First) RICHARD b. (Middle) \_\_\_\_\_ c. (Last) RONAN

4. DATE OF DEATH (Month) (Day) (Year)  
March 6 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH Aug. 10, 1927

9. AGE (In years last birthday) 23

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant

10b. KIND OF BUSINESS OR INDUSTRY Bemis Bag Co.

11. BIRTHPLACE (State or foreign country) Ft. Pierre, So. Dak.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thomas S. Ronan

13b. MOTHER'S MAIDEN NAME Maggie McGraw

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) Yes World War 2

16. SOCIAL SECURITY NO. 504-16-8050

17. INFORMANT'S SIGNATURE OR NAME Thomas S. Ronan 118 N. Central Ave. St. Pierre, So. Dak.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Heart Disease  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chr. Ulcerated Stomach  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Statico Lymphaticus since birth

INTERVAL BETWEEN ONSET AND DEATH  
1 day  
3 Mo

19a. DATE OF OPERATION 2/27/51

19b. MAJOR FINDINGS OF OPERATION Appendectomy

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 533 X

22. I hereby certify that I attended the deceased from Feb. 19, 19 51, to Mar. 6, 19 51, that I last saw the deceased alive on Mar. 6, 19 51, and that death occurred at 3:50P m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Walters M. D. (Degree or title)

23b. ADDRESS 3608 S. Grand Blvd.

23c. DATE SIGNED 3/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail) 3-9-1951

24b. DATE 24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Pierre, So. Dak.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE MAR 7 1951 J. B. Lester

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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

MAY 16 1951  
MAY 16 1951

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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

*Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.