

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10578

2411

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>4356 6854 PLYMOUTH AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>				3. NAME OF DECEASED a. (First) <b>LENA M. RYAN.</b> b. (Middle) c. (Last)			
4. DATE OF DEATH <b>MARCH-13-51</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. 2</b>	
8. DATE OF BIRTH <b>MARCH-27-1904/56 YRS.</b>		9. AGE (In years last birthday) <b>0</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER.</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN ROSSWAG.</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE DRUENER</b>	
14. NAME OF HUSBAND OR WIFE <b>BRAINARD RYAN.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Robert R. Ryan</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of left breast-Removed-5-17-50</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastasis to spine-ribs- skull</b> DUE TO (c) <b>and all large bones</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? <b>170X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>4-24-</b> 19 <b>50</b> , to <b>3-13-</b> 19 <b>51</b> , that I last saw the deceased alive on <b>3-12-</b> 19 <b>51</b> , and that death occurred at <b>3.30 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Subert B. Jennings</i>		(Degree or title)		23b. ADDRESS <b>3734- Jennings Road.</b>		23c. DATE SIGNED <b>3-13-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MARCH-15-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schmur</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*John B. Holman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4814*

P. O. Address *3195 La Jolla*

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.