

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10580
Registrar's No. 2039

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 10580		Registrar's No. 2039					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY JGbor									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago									
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 8									
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST			b. (Middle) ALFRED			c. (Last) RYBERG			4. DATE OF DEATH (Month) (Day) (Year) MARCH 1, 1951				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov. 3, 1914		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Admin str.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osage, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ernest Ryberg Sr.				13b. MOTHER'S MAIDEN NAME Anna Jones				14. NAME OF HUSBAND OR WIFE Nil-					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) Yes WW 11				16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.E. Ryberg, Waseca, Minn.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 2 DAYS			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUBARACHNOID HEMORRHAGE											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 300X									
22. I hereby certify that I attended the deceased from FEB 27 , 19 51 , to MAR 1 , 19 51 , that I last saw the deceased alive on MAR 1 , 19 51 , and that death occurred at 8:55p m., from the causes and on the date stated above.													
23a. SIGNATURE F. R. Bradley (Degree or title) MD				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 3/1/51					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-2-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chicago, Illinois							
DATE REC'D BY LOCAL REG. MAR 2 1951		REGISTRAR'S SIGNATURE J. P. L... ..				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hopp 4700 Washington							

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

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2039

APR 5 1951

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 *me*
.....
working under my personal supervision. Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St. Louis, 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.