

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3268

State File No. 176

Registrar's No. 0786

No. 300
10-48

FILED FEB 14 1952

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 <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3448^A ST. VINCENT AV.</u>		d. STREET ADDRESS (If rural, give location) <u>3448^A ST. VINCENT AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J.</u> c. (Last) <u>RYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-24-52</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-11-1906</u>	9. AGE (In years last birthday) <u>45 YRS.</u> If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIGHTWATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POLICE DEPT.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARTIN RYAN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE ULMANSICK</u>	
14. NAME OF HUSBAND OR WIFE <u>MYRTLE RYAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Ryan</u>		18. ADDRESS <u>3448^A ST VINCENT</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Coronary Occlusion</u> 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? <u>H201</u>	
22. I hereby certify that I attended the deceased from <u>1952</u> to <u>1952</u> , that I last saw the deceased alive on <u>1952</u> , and that death occurred at <u>11:52</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Patrick Clayton Carson</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1.25.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CITY MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u> ADDRESS <u>3125 Lafayette av</u>			

(Licensed Embalmer's Statement of 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 - Lehigh

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.