

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

State File No. **14734**
Registrar's No. **3261**

FILED APR 25 1952

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

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3261	
1. PLACE OF DEATH a. COUNTY ①				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2199			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		d. STREET ADDRESS (If rural, give location) 3745 Lindell Blvd. - Apt. # 502	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS 19			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) R.		c. (Last) Ryan	
4. DATE OF DEATH		(Month) April		(Day) 6,		(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 25, 1874	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Manager		10b. KIND OF BUSINESS OR INDUSTRY Harvey Rest.		11. BIRTHPLACE (State or foreign country) Pella, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W^m Ryan		13b. MOTHER'S MAIDEN NAME Wilamence Johnson		14. NAME OF HUSBAND OR WIFE Mrs. Lotta Ryan 3745 Lindell			
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 Mrs. Lotta Ryan 3745 Lindell			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 8 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ascites, edema effrenidus Rev.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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? 5810			
22. I hereby certify that I attended the deceased from April 11, 1944 , to 4/6/1952 , that I last saw the deceased alive on 4/6/1952 , and that death occurred at 11 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. Johnson M.D.		(Degree or title)		23b. ADDRESS 607 W. Grand		23c. DATE SIGNED 4-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4/8/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE REC'D BY LOCAL REG. APR 7 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles & Sons 6175 Delmar			

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 *Jose E. McCulloch* _____

Licensed Embalmer No. *2460* _____

P. O. Address *6175 Delmar* _____

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.