

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29989

State File No.

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7125**

1. PLACE OF DEATH a. COUNTY 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2.029	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6245 Kinsey Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Agatha	c. (Last) Ryan	4. DATE OF DEATH (Month) (Day) (Year) July 22 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edmund Ryan	13b. MOTHER'S MAIDEN NAME Mary Keating	14. NAME OF HUSBAND OR WIFE John T. Ryan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. R. Chervenka, 6245 Kinsey Pl.,	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cyelo-nephritis		
	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. Diabetes Mellitus		5 yrs

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE / HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 6000
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22. I hereby certify that I attended the deceased from **Jan 1946**, to **July 22, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. J. Langan M.D.	(Degree or title)	23b. ADDRESS 5803 Plymouth St. Louis	23c. DATE SIGNED July 24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 24 1952 J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary	ADDRESS 6464 Chippewa St.
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G.O. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. J. Langan Jr.,
5803 Plymouth Ave.,
CA 0220

12:00 to 1:00 PM

7. Lu:

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

Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.