

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8217**

No. 300
10.48

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **579**

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Overland		d. STREET ADDRESS (If rural, give location) 8833 Burton
d. FULL NAME OF HOSPITAL OR INSTITUTION 8833 Burton			d. STREET ADDRESS 8833 Burton		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 13 1883	9. AGE (In years last birthday) 69	10. MONTHS 6
				DAYS 2	IF UNDER 1 YEAR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Ryan		13b. MOTHER'S MAIDEN NAME Iva Cook		14. NAME OF HUSBAND OR WIFE Ann Ryan	
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. 493-09-5366	17. INFORMANT'S SIGNATURE OR NAME Gordon Ryan		
				ADDRESS 4131 Wright St. Annis	
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) Chol. Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 7 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			Interval between onset and death 1 year		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221					
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept 5, 1951 , to Feb 15, 1953 , that I last saw the deceased alive on Feb 15, 1953 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE M. A. Rubin (Degree or title) 0			23b. ADDRESS 8924 St. Charles St. St. Louis, Mo.		23c. DATE SIGNED 2/16/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/19/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 2-18-53		REGISTRAR'S SIGNATURE Herkert R. Dambach		FUNERAL HOME SIGNATURE Wm. J. Smart	
				ADDRESS 1225 Union	

P.T. (Licensed Embalmer's Statement on Reverse Side)

8924 a St. Embler

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 Melvin L. Kemper

Licensed Embalmer No. 405-2

P. O. Address 3505 Cabdale

St. Louis 20, 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.