

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29409

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 547 Registrar's No. 1987

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>4919 Lisette Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>A.</b> c. (Last) <b>RYAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 15, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Jan. 22, 1884</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Staunton, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>James Ryan</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Waters</b>		14. NAME OF HUSBAND OR WIFE <b>Late Linnie C. Ryan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James J. Ryan-4919 Lisette Ave.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>James J. Ryan</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Generalized arteriosclerosis</b>		year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Myocardial infarction</b>		year	

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) <b>446X</b>	
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 James, 1954, to Aug 15, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. King</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4161 Laddell</b>		23c. DATE SIGNED <b>8/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>buried</b>		24b. DATE <b>8-18-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>8/16/54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Sombert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Friegshauser-4228 S. Kingshighway Bl.</b>	
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(Licensed Embalmer - Signature on Reverse Side)

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

No. 300  
10-48

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.....  
Signature of Student Embalmer

Signed *E. J. McQuinn*.....

Licensed Embalmer No... 302

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.