

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10496

State File No. \_\_\_\_\_

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 679

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Beverly Hills</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>7004 Greenway Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>JOHN</u> c. (Last) <u>RYAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 13, 1928</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Explosive Powder Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Michael H. Ryan</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Reiker</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-26-4905</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Michael H. Ryan</u>	ADDRESS <u>7004 Greenway Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia caused by a crushing force to chest, and probable basal skull fracture, suffered while operating his automobile north on Hy. 67 of which he lost control and collided with a southbound automobile</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>St. Louis</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/21/55 6:42A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto collision as above stated.</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>Ernest J. Willmann</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>3/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/23/55</u>	LOCAL REG. <u>Hebert</u>	REGISTRAR'S SIGNATURE <u>Hebert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly</u>	ADDRESS <u>7267 Natural Bridge</u>
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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.....  
*Ben C. H. Jones*

Licensed Embalmer No. 43

P. O. Address *Yonkers*

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.