Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29068

STATE FILE NUMBER 7218

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, Mo. Hospital #1 — Length of stay in 1b 2 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS 2249 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 3617 S. BROADWAY — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First JAMES Middle P Last RYAN

4. DATE OF DEATH: Month Aug. Day 2 Year 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JAN 12 1881
9. AGE (In years last birthday) 75
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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY CITY CREMATORY
11. BIRTHPLACE (City and state or country) MO.
12. CITIZEN OF WHAT COUNTRY? U-S-A
13. FATHER'S NAME PATRICK J RYAN
14. MOTHER'S MAIDEN NAME ELIZABETH GALLAGHER
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. 500-34-8278
17. INFORMANT SARAH RYAN Address 3617 So. BROADWAY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prob. Myocardial Infarction
Prob. myocardial infarction
Generalized arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1

19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/18/56 to 8/2/56 and last saw her/him alive on 8/2/56
Death occurred at 3:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.L.Frazier (Degree or title) M.D.
22b. ADDRESS 1515 Lafayette Ave.
22c. DATE SIGNED 8/2/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG 6-1956
23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM
23d. LOCATION (City, town, or county) ST LOUIS (State) MO

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. AUG 4 1956
26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.