

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29504

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1794

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| 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 township) OR TOWN <u>Manchester</u> | | c. CITY OR TOWN <u>St. Louis</u> <u>5530 Delmar</u> | |
| c. LENGTH OF STAY (in this place) <u>6 days</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>Manchester Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>5530 Delmar Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> | b. (Middle) <u>E.</u> | c. (Last) <u>RYAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1956</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>Widowed</u> | 8. DATE OF BIRTH <u>May 16, 1864</u> | 9. AGE (In years last birthday) <u>92</u> | if UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | if UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bank Executive</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grant County, Wis.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John E. Ryan</u> | 13b. MOTHER'S MAIDEN NAME <u>Katherine Lewis</u> | 14. NAME OF HUSBAND OR WIFE <u>Mabel Ryan</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wayne Rupe, 7736 Maryland, Clayton, Mo.</u> |
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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, asthenia, etc.; it means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility (Old age)</u> DUE TO (c) <u></u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>20.</u> |
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22. I hereby certify that I attended the deceased from June, 1945, to 7-26, 1956, that I last saw the deceased alive on 7-26, 1956, and that death occurred at 2 a. m.; from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wayne A Rupe</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>7736 Maryland, Clayton 5 Mo</u> | 23c. DATE SIGNED <u>7-26-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>7/27/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-27-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donnelly</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W E Morris*.....

Licensed Embalmer No. *336*.....

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