

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40124**

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2604**

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give town or township) **Pine Lawn** c. LENGTH OF STAY (in this place) **4 Mo.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Shamrock Nursing Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Pine Lawn** **4157** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **3709 Manola Av.**

3. NAME OF DECEASED a. (First) **James X. Ryan** b. (Middle) _____ c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) **11/3/56**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **July 16, 1870** 9. AGE (in years last birthday) **86** 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mail Handler** 10b. KIND OF BUSINESS OR INDUSTRY **Post Office** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Bernard Ryan** 13b. MOTHER'S MAIDEN NAME **Mary Gleason** 14. NAME OF HUSBAND OR WIFE **Anna D. Ryan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Dr. Albert Ryan** ADDRESS **St. Louis, Mo. 9252 Southview**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
Cerebral hemorrhage
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
ANTECEDENT CAUSES DUE TO (b) **Carcinoma of face**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Arteriosclerotic Heart Disease**
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **1 wk**
unknown
unk.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **191X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 9, 1956**, to **Nov 3, 1956**, that I last saw the deceased alive on **Oct 29, 1956**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Lewis Littmann MD** (Degree or title) 23b. ADDRESS **8231 Clayton Rd (17)** 23c. DATE SIGNED **11/3/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/5/56** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Pk. Cem.** 24d. LOCATION (City, town, or county) (State) **Normandy Missouri**

DATE REC'D BY LOCAL REG. **11-3-56** REGISTRAR'S SIGNATURE **Herbert B. Dombek** 25. FUNERAL DIRECTOR'S SIGNATURE **L. Mullen & Sons** ADDRESS **5165 Delmar Bl.**

(Licensed Embalmer) (Statement on Reverse Side)

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..... *Horner W. Jentz*

Licensed Embalmer No..... *388*

P. O. Address..... *St. Louis*

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.