

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1957

State File No. **26916**  
Registrar's No. **1568**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>547</b>		Registrar's No. <b>1568</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (If this place) <b>10 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>33 ST. MARY'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>5154 GOETHE</b>			
3. NAME OF DECEASED (Type or Print) <b>MARY RYAN</b>			a. (First) <b>MARY</b> b. (Middle) _____ c. (Last) <b>RYAN</b>			4. DATE OF DEATH <b>JUNE 18 1957</b> (Month) (Day) (Year)	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 14 1883</b>	
9. AGE (In years last birthday) <b>74</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		13a. FATHER'S NAME <b>CHARLES M. SUDA</b>		13b. MOTHER'S MAIDEN NAME <b>PHILOMENA PUCHTA</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN RYAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOHN RYAN</b> ADDRESS <b>5154 GOETHE</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>					
19a. DATE OF OPERATION <b>6/10/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cataract left eye</b>				20. AUTOPSY? <b>260X</b> YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>June 12, 1957</b> , to <b>June 18, 1957</b> , that I last saw the deceased alive on <b>June 17, 1957</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Hubert L. ...</b> (Degree or title) _____				23b. ADDRESS <b>10 Hampton Village Plaza</b>		23c. DATE SIGNED <b>6/19/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JUNE 21 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S. S. PETER &amp; PAUL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>20 June 57</b>		REGISTRAR'S SIGNATURE <b>Hubert R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ruth</b> ADDRESS <b>2906 ...</b>			

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

Hampton Village

72-1-5400

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 .....  
Student Embalmer

Signed *James C. Dill* .....

Licensed Embalmer No. *4347* .....

P. O. Address *2906 Lewis* .....

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 this body is not embalmed, fact should be so stated above.