

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46285**
12288
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **11 years**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location)
31 HOSPITAL OR INSTITUTION **St. Louis State Hospital**
e. STREET ADDRESS (If rural, give location) **1107 c 4137 Lee Avenue Street**

3. NAME OF DECEASED (Type or Print) a. (First) **Raymond** b. (Middle) _____ c. (Last) **Ryan** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 22 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **March 21, 1904** 9. AGE (in years last birthday) **53** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 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 **Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael J. Ryan** 13b. MOTHER'S MAIDEN NAME **Mary Bannigan** 14. NAME OF HUSBAND OR WIFE **unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Florence Probert,** ADDRESS **4143 Carter A venue**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cancer of pharynx**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Hemorrhage with aspiration**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **148x**

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) _____

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 **Sept. 23, 1946**, to **Dec. 22, 1957**, that I last saw the deceased alive on **Dec. 22, 1957**, and that death occurred at **12:22 am.**, from the causes and on the date stated above.

23a. SIGNATURE **Lilli Hufstatter** (Degree or title) **D.** 23b. ADDRESS **5100 Arsenal St.** 23c. DATE SIGNED **12-22-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Dec 24 1957** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **DEC 23 57** REGISTRAR'S SIGNATURE **K. C. Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, I c.,** ADDRESS **2161 E. Fair Av**

(Licensed Embalmer's 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 *Walter G. Burnley*.....
Licensed Embalmer No. *4202*

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.