

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046248

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12380

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 179 1929 Alfred Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN A. RYAN			4. DATE OF DEATH Month Day Year Dec. 20 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White <input checked="" type="checkbox"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Lou Eickel		10b. KIND OF BUSINESS OR INDUSTRY Auto Sales Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Mathew J. Ryan		13b. MOTHER'S MAIDEN NAME Catherine Hogan		14. NAME OF HUSBAND OR WIFE Late Mary Agnes Ryan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 500-18-4716	17. INFORMANT Address Lou Eickel 1072 McKnight Orchard La.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: O.K. IMMEDIATE CAUSE (a) Terminal Bronchial Pneumonia Jays in Lung Conditions, if any, which are (b) Arterio-sclerotic Heart Disease DUE TO (b) Fracture right ribs E 904.0 DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular Fibrillation					INTERVAL BETWEEN ONSET AND DEATH 1 week 3 yrs or more 6 Weeks
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in his home about 4 weeks ago & struck a table has been helpless & required constant nursing for past year or more			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		20e. CITY, TOWN, OR LOCATION 1929 Alfred St. Louis Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION 1929 Alfred St. Louis Mo			
21. I attended the deceased from 1950 to 12-20-58 and last saw her alive on 12-20-58 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hugh Keener M.D.			22b. ADDRESS 3720 Washington		22c. DATE SIGNED 12-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. DEC 22 58	26. REGISTRAR'S SIGNATURE Paul Smith M.D.	

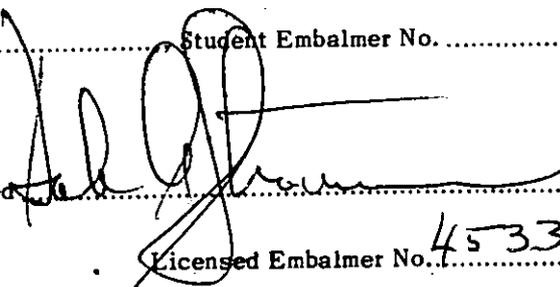
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

**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  .....  
Licensed Embalmer No. 4533 .....  
P. O. Address .....

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.