

FEDERAL BUREAU OF INVESTIGATION  
**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-004621**

INDEXED

FILED FEB 15 1960 1317

Registration District No. **500**

Primary Registration District No. **259**

STATE FILE NUMBER

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> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		Length of stay in lb <b>7 1/2 Hrs</b>	c. CITY OR TOWN <b>Berkeley</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6220 Washington Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Lawrence</b> Middle <b>V.</b> Last <b>Ryan</b>			4. DATE OF DEATH Month <b>1</b> Day <b>25</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-26-17</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pevely Dairy</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kane</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Brown Ryan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (specify war) (If yes give war dates of service)) <b>Yes. W.W. II</b>		16. SOCIAL SECURITY NO. <b>488-05-2235</b>	17. INFORMANT Address <b>Dorothy Ryan 6220 Washington Av</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Myocardial Infarction</b>	
	DUE TO (c) <b>Coronary Occlusion</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <b>6:03</b> a.m. Month, Day, Year <b>1/25/60</b>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>St. Louis</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>1/25/60</b> to <b>1/25/60</b> and last saw him alive on <b>1/25/60</b> Death occurred at <b>6:03 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) <b>D. Gardner D.O.</b>		22b. ADDRESS <b>917 Airport Rd.</b>	22c. DATE SIGNED <b>1/25/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-27-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sellefostein Cem. St. Louis, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>White-Mullen 118 N. Florissant Rd.</b>		25. DATE RECD. BY LOCAL REG. <b>1-26-60</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

File  
91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 339

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.