URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-013154

FILED VS APR 4 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 21661 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 12 hours	c. CITY OR TOWN Glendale — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1046 Brownell Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARIE	Middle K.	Last RYER	4. DATE OF DEATH Month February	Day 12,	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/2/81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Wm. Krowl	13b. MOTHER'S MAIDEN NAME Emma Ehm	14. NAME OF HUSBAND OR WIFE Julian C. Ryer, (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 341-01-1815a	17. INFORMANT Julian C. Ryer, Address 1046 Brownell, Glendale, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage (Massive)	2 days.
DUE TO (b)	General Arterial Sclerosis	5 years.
DUE TO (c)	Arterial Sclerotic Heart Disease	5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Jack E. Lucas Deputy 3-7-60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hemiplegia Left Side.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 11, 1960, to February 12, 1960 and last saw her alive on February 11, 1960.

Death occurred at 12:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. H. Norton M.D.	22b. ADDRESS 634 No. Grand Blvd. St. Louis, Mo.	22c. DATE SIGNED 3-4-60.
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 2/13/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Louis H. Bopp Inc.	ADDRESS Kirkwood, Mo	25. DATE RECD. BY LOCAL REG. 2-13-1960
26. REGISTRAR'S SIGNATURE Earl Smith M.D.		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Francis J Wyland Jr

Signature of Student Embalmer

Licensed Embalmer No. 4512

P. O. Address Kirkwood,

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