URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1960

60-029056

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2048

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON St. Louis, County
Length of stay in 1b DOA.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, County Hosp. Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
c. CITY OR TOWN HAZELWOOD St. Louis, County Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 602 VILLAGE SQ. (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle J. Last Ryan.
4. DATE OF DEATH Month July Day 6 Year 1960
5. SEX Male.
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-9-1901
9. AGE (last birthday) 59
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) Const. Worker
10b. KIND OF BUSINESS OR INDUSTRY Builder.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas H. Ryan.
13b. MOTHER'S MAIDEN NAME Mary Ellen Fox.
14. NAME OF HUSBAND OR WIFE Aillen Ryan.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Aileen Ryan Address 602 Village Sq. Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) coronary insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple arteriosclerotic occlusions of coronary vessels
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 5:16 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE John C. Murphy M.D. (Degree or title) John C. Murphy, M.D., Asst. Comm. of Health
22b. ADDRESS 801 So. Brentwood, Clayton
22c. DATE SIGNED 7-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.
23b. DATE 7-9-1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive.
23d. LOCATION (City, town, or county) (State) St. Louis County
24. FUNERAL DIRECTOR Southern Funeral Home. ADDRESS 6322 S. Grand Blvd. St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. 7-7-60
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fassen

Signature of Student Embalmer

Licensed Embalmer No. 42 8 2

P. O. Address St Louis

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