

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019432

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4986 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

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 Length of stay in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 4024 Potomac St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WILLIAM RYAN

4. DATE OF DEATH Month Day Year May 26 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4-5-1883 9. AGE (last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (Retired) St. Louis 10b. KIND OF BUSINESS OR INDUSTRY Globe Democrat 11. BIRTHPLACE (City and state or country) Little Rock, Ark. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Ryan 13b. MOTHER'S MAIDEN NAME Sarah Stovall 14. NAME OF HUSBAND OR WIFE Ethel L. Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 17. INFORMANT Address Ethel L. Ryan 4024 Potomac St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarct

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis.

DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH 2 hours

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

*Coronary Sclerosis, Coronary Fibrillation*

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 1950 to 1960 and last saw him alive on 5/25/61. Death occurred at 5:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William O. Mowrey M.D. 22b. ADDRESS 231 Notland Med. Bldg. 22c. DATE SIGNED 5/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE May 29, 1961 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd. 25. DATE RECD. BY LOCAL REG. MAY 26 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

**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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 De King

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.