

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025131

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6091**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

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		c. CITY OR TOWN Normandy	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 7301 St. Chas. Rock Road	

3. NAME OF DECEASED (Type or print) First Sister Blandina Middle Ryan Last			4. DATE OF DEATH Month June Day 16 Year 1962		
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5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-12-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Norfolk Virginia	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Kernan Ryan	13b. MOTHER'S MAIDEN NAME Johanna Kelly	14. NAME OF HUSBAND OR WIFE =====
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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 Address Sister Julianna, 7301 St. Chas. Rock Rd.
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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 June 1, 1962
IMMEDIATE CAUSE (a) Cerebral Thrombosis		
DUE TO (b) Cerebral arterio-sclerosis		
Conditions, if any, which gave rise to above cause (a): stating the underlying cause last.		DUE TO (c) 332X

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from June 19 1954 to June 16, 1962 and last saw her alive on June 16, 1962 Death occurred at 9:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree or title) M.D.	22b. ADDRESS 539 N. Grand St. St. Louis	22c. DATE SIGNED 6/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-19-62	23c. NAME OF CEMETERY OR CREMATORY Marillac Cemetery	23d. LOCATION (City, town, or county) (Street) St. Louis Co. Mo
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24. FUNERAL DIRECTOR Cullen-Kelly	ADDRESS 7267 Natl. Bridge	25. DATE RECD. BY LOCAL REG. JUN 19 1962	26. REGISTRAR'S SIGNATURE [Signature]
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Samuel D. Matthews

Licensed Embalmer No. 4966

P. O. Address Flourmont, Mo.

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.