

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024875

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 69

FILED JUL 1 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
VS 300 Rev. 4/59			INSTEAD OF			
1 0500			SHOULD READ			
2 4002						
3						
4 0						
5 2						
6						
7 0						
8 2						
9 6000						
10						
11						
12 86-0						
13 2-0						

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-MERAMEC 2nd's 210th</u>		c. CITY OR TOWN <u>CLAYTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S Hill INFIRMARY</u>		d. STREET ADDRESS (If outside, give location) <u>12 SOUTH MOOR</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR J. RYAN</u>		4. DATE OF DEATH Month Day Year <u>JUNE 19 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/23/1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CREDIT MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUTLER Brothers</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>
13a. FATHER'S NAME <u>JEREMIAH RYAN</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE ELLEN McMAHON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Dr. Conner, Hill Infirmary, Missouri</u>	
17. INFORMANT <u>Dr. Conner, Hill Infirmary, Missouri</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Mulligan</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. bilateral pyelo-nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Arterio-sclerotic Cardio-vascular dis</u>		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 SUICIDE HOMICIDE <u>No No No</u>	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 <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	
21. I attended the deceased from <u>9/23/49</u> to <u>6-19-63</u> and last saw him alive on <u>6-18-63</u> Death occurred at <u>3:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter J. Hammond, M.D.</u>		22b. ADDRESS <u>634 N. Grand</u>	
22c. DATE SIGNED <u>6/20/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 21, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>			
24. FUNERAL DIRECTOR <u>Arthur J. Connelly, 3840 Lindbergh Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

Recd 6/20/60 Planned 6/21/60

JUL 3 1961

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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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.