MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29164

Township ..... Primary Registration District No. 1003 Registered No. 8677

City St. Louis (No. City Hospital ..... St. ..... Ward)

5935

2. FULL NAME Frank Ryburn

(a) Residence. No. Grand Hotel St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode) 414 Market

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1862

7. AGE: Years 66 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Matthew Ryburn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Charlotte Mulhey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nom Carolina

14. INFORMANT: Hospital Information
(Address): E Rowan City Hospital

15. FILED AUG 27 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug 10, 1928 that I last saw ~~[illegible]~~ alive on Aug 10, 1928 and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene of left foot (arteriosclerotic) non diabetic operation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chr. myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? .....

2 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry C. Westerman, M. D

8/11, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Louis V. | DATE OF BURIAL: 8/25 1928

20. UNDERTAKER: W. Richter | ADDRESS: 3500 Ritter

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ryhum

JUN 22 1945