

REG'D AUG 11 1939 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: 1003

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether  
In this community Abt. 45  
years, months or days)

8. (a) PRINT FULL NAME William Ryan 500  
8. (b) If veteran, name war ✓  
8. (c) Social Security No. Unknown

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Abt 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt 84 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad maintenance

11. Industry or business Illinois Central R. E.

MOTHER FATHER  
12. Name Patrick Ryan  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 1132 1/2 N. 10th St. St. Louis  
17. (a) burial (b) Date thereof July 12, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery  
18. (a) Signature of funeral director Bernick Michael  
(b) Address 1431 Division Blvd

19. (a) JUL 11 1939 (b) [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1117 N. 7th Street.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Abt. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1939 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to Heart  
Exhaustion

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: MI  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of plant) (2) Means of injury \_\_\_\_\_  
23. Signature Joseph M. Leonardson  
Address Deputy Coroner Date signed 7/11

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.

Exhibit

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**