DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13459

MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3661

**1. PLACE OF DEATH:**

(a) County ST. LOUIS.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3717 Wyoming St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis. 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3717 Wyoming St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN FRANCIS RYAN 580

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle Ryan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. (Month) 25 (Day) 1873 (Year)

8. AGE: Years 66 Months 6 Days 27 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Rail Road Conductor.

11. Industry or business RETIRED

FATHER 12. Name Jeremiah Ryan

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

MOTHER 14. Maiden name Mary Donovan

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

16. (a) Informant's own signature Estelle Ryan

(b) Address 3717 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director [illegible]

(b) Address 2906 Gravois Ave.

19. (a) APR 23 1940 (Date received local registrar) (b) [illegible] (Signature of registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22 year 1940 hour 10 30 AM minute M.

21. I hereby certify that I attended the deceased from Oct 1, 1937, to April 16, 1940; that I last saw him alive on April 16, 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hypertensive Heart Disease | 3 yrs. |
| Due to Usual causes. | |
| Due to — | |
| Other conditions None (Include pregnancy within 3 months of death) | |
| Major findings: Of operations None | |
| Of autopsy None | |

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 place) (e) Means of injury —

23. Signature Leon C. Hale (M. D. or other) M.D.

Address 1755 So. Grand Blvd Date signed 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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

Leo Budde, Registered Apprentice No.

working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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 this body is not embalmed, above space should be left blank.**