

DEC 22 1941 791

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9401**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4955a Odell Ave. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis** **137**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4955a Odell Ave.**
 (If rural, give location) **0**
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Ida M. Ryan**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George F. Ryan** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **July 29th 1875**
 (Month) (Day) (Year)

8. AGE: Years **66** Months **3** Days **26** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Charles F. Lettje**

13. Birthplace **Bavaria Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Caroline Bressler**

15. Birthplace **Baden Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **George F. Ryan**

(b) Address **4955a Odell Ave.**

17. (a) **Cremation** (b) Date thereof **11-28-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **NOV 27 1941** (b) **J. T. Brudeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **25th**
 year **1941** hour **6 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **Aug 3** to **Nov 28** 19**41**
 that I last saw him alive on **Nov 25** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thromboses Sudden** Duration

Due to **Coronary Thromboses -**

Due to **Exophthalmic Goiter**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **W.B.L.**

Of autopsy **W.B.L.**

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) (a) Means of injury?

23. Signature **Wm. C. Knight** (M. D. or other)
 Address **8201 N. Broadway St. St. Louis** Date signed **11/26/41**

Mr. Wm. Wright
8201 N. Broadway
No. 5888 12-18-55
Ev. 9990

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.