

S. No. 2
1-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

16619

STANDARD CERTIFICATE OF DEATH

State File No.

4955

FILED JUN 15 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital.
(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 Missouri. (b) County 000
(c) City or town Saint Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4240 North 19th, Street.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th,
year 1942. hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

*Internal hemorrhage from
Ruptured Spleen and laceration
of left lung when he was
struck by a Guatemala
Driven by one Joseph Baker
while standing in the safety
zone at Bittner and North
Highway about 10:50 PM
6/2/42*

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all in the following:
(a) Accident, suicide, or homicide Criminal Carcinoma
(b) Date of occurrence 6/2/42
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. G. Perry (M. D. or other)
Address St Louis Date signed 6/8/42

3. (a) PRINT FULL NAME John N. Ryan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-16-6417

4. Sex Male 0 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 _____

7. Birth date of deceased: December 21st, 1875.
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

12. Name John Ryan

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

14. Maiden name Unknown

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

16. (a) Informant Mary Fortune

(b) Address 3206-A Pennsylvania Ave.

17. (a) Burial (b) Date thereof June 8, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlyle Illinois.

18. (a) Signature of funeral director Zigachin Bros.

(b) Address 6409 Gravois Ave.

19. (a) JUN 7 1942 (b) J. Medek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

ref. 1000
17
99

45

23

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..... *V. E. Morris*

Licensed Embalmer No. *3360*

P. O. Address..... *409 Morris*

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, fact should be so stated above.