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OM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4463

FILED MAY 27 1943 18

Registration District No. 18

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
4036 Loughborough Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... None  
(Specify whether  
In this community..... Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4036 Loughborough Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edith 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..... Thomas C. Ryan  
6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... October 1, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 7 9 hr. min.

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

10. Usual occupation..... At home

11. Industry or business

12. Name..... Frederick Imig

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

14. Maiden name..... Emma Schenck

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

16. (a) Informant..... Thomas C. Ryan

(b) Address..... 4036 Loughborough Ave

17. (a) Burial (b) Date thereof..... 5/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Pickers Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) MAY 12 1943 J. J. Bedeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th  
year 1943 hour 8:15 PM minute..... M.

21. I hereby certify that I attended the deceased from May 1931, to May 1943  
that I last saw him alive on May 6th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pulmonary Emphysema 12yr  
Due to Bronchial Asthma 12yr  
Due to Vasomotor Rhinitis 13yr

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
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 place)  
(e) Means of injury.....

23. Signature Chas. J. Hermann (M. D. or other)  
Address 1102-694 N. Grand Date signed 5/14/43

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

MOTHER FATHER

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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..... *Francis C. Williamson*  
Licensed Embalmer No. *3565*  
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, fact should be so stated above.**