S. No. 2
M—5-43
. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33493

State File No. 33493

FILED NOV 1 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9382

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Childrens Hospital
(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

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Hancock
(c) City or town Carthage NR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Richard Ryan
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
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 February (Month) 26 (Day) 1943 (Year)
8. AGE: Years | Months 7 | Days 29 | If less than one day hr. min.
9. Birthplace Carthage (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Infant
11. Industry or business At Home
MOTHER FATHER
12. Name Richard Ryan
13. Birthplace Carthage (City, town, or county) Illinois (State or foreign country)
14. Maiden name Ellen Neal
15. Birthplace Carthage (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Richard Ryan
(b) Address Carthage, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Illinois
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.
19. (a) OCT 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1943 hour 10 minute 30 P.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 Old subdural hemorrhage
Duration
Due to: secondary to child falling off table at their home
Due to: Carthage Ill. about 2 months ago exact date + time unknown
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) Accident 136
(b) Date of occurrence Aug Aug 26 1943
(c) Where did injury occur? Carthage Ill (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury fall
23. Signature Albert H. Hoppe (M. D. or other)
Address Date signed 10/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 3398

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, fact should be so stated above.