

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

OCT 19 1943

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **8829**

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 City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Ryan3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 25 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 6 11 hr. _____ min.9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation Retired Carpenter.

11. Industry or business _____

12. Name Unk
 13. Birthplace Unk (City, town, or county) (State or foreign country)
 14. Maiden name Unk
 15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Blues Ryan(b) Address 3707 California Ave17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 10/8/43
(Month) (Day) (Year)(c) Place: burial or cremation St. Mathew Ger18. (a) Signature of funeral director Thomas Curtis(b) Address 2906 Gravois Ave19. (a) OCT 6 1943 (b) J. J. Busch
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3702 California Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6,
year 1943 hour 12:20 minute A. M.21. I hereby certify that I attended the deceased from October 1, 19 43, October 6, 19 43,
that I last saw him alive on October 6, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver, pancreas and large bowel & omentum
 Due to primary site unknown
 Duration _____

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

Major findings:

Of operations _____

Of autopsy as above

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) (Means of injury)
 23. Signature J. J. Busch (M. D. or other)
 Address 1515 Lafayette Avenue, Date signed 10/6/43

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 David Van Fossan.

Licensed Embalmer No. 42 42

P. O. Address 2906 Harris

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.