

FILED OCT 25 1945
318

State File No.

Registrar's No. 8798

Registration District No.

Primary Registration District No. 1003

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

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:
Park Lane 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)

3. (a) PRINT FULL NAME Charles Ryerson

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

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

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

7. Birth date of deceased April 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 5 22 hr. min.

9. Birthplace Oak Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Jess Ryerson

13. Birthplace Oak Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Winters

15. Birthplace Eugene Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Ryerson

(b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof 10-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 11 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 412 N. Main St.
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 9th only 1945 to Oct 9th 1945
that I last saw him alive on Oct 9th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Caecusling Streptococcus
Forsyth's Laryngitis 7 days

Due to Streptococcal infection
non-diphtheritic

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/5

Major findings: No operation

Of operations _____

Of autopsy None made

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 John D. Haynes (M. D. certificate) _____
Address Metropolitan Bldg. Date signed 10/10/45

1-1-0

Handwritten notes:
a-10-14
a-10-14
a-10-14

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 *W. Wilkinson*

Licensed Embalmer No. 3575

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.