S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14420

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 991

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sappington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #6
(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 Mo (b) County St. Louis
(c) City or town Sappington 96
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt. #6 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Owen Ryan
3. (b) If veteran, name war ✓
3. (c) Social Security No. 493-09-5351
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 29 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Wagner Electric
FATHER
12. Name James Ryan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Cook
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Ellis T. Ryan
(b) Address Sappington Mo.
17. (a) Burial (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) 5-7-46 (b) E. G. McGavran Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from 18 April, 1946, to 27 April 1946
that I last saw him alive on 27 April 1928;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	48 hours
Due to: Hypertension	not determined
Due to: 83-00	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. H. Fasman (M. D. [redacted])
Address 9436 Gravois Date signed 29 April 46

707 (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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.