

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED FEB 3 1947

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **790**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4757 Cupples Pl.
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4757 Cupples Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel J. Ryan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elizabeth Ryan 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 20 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1947 hour 7 minute 16 M.

21. I hereby certify that I attended the deceased from July 22 1946 to Jan 22 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78	8	2	hr. _____ min. _____
----	---	---	----------------------

Immediate cause of death: Coronary Heart Disease

Due to: Ch. Myocarditis

Due to: Ch. Arteriosclerosis

Other conditions: Ch. Hypertension

(Include pregnancy within 3 months of death)

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

10. Usual occupation St. Car Operator (Retired)

11. Industry or business Public Service Co.

12. Name Machael Ryan

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

14. Maiden name Unknown

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

Major findings: 9/3

Of operations _____

Of autopsy _____

16. (a) Informant Elizabeth Ryan

(b) Address 4757 Cupples Pl.

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 23 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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) _____ (Specify type of place)

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/24/47

1800
17
9
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12:45 Wednesday

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 Warren A Carver

Licensed Embalmer No. 3534

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.