No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 22619

Registrar's No. 5798

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: Bethesda 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2305 Chippewa (If rural, give location) 9
24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James A. Rynders
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: Married
6. (b) Name of husband or wife: Hannah Rynders
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: October (Month) 4 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	8	hr. min.

9. Birthplace: Waverly (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: General Laborer
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknwon (City, town, or county) (State or foreign country) 9
16. (a) Informant: Frank Rynders
(b) Address: Alton, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Alton, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) JUN 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 10, 1947, to June 12, 1947, that I last saw him alive on June 12, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	48 hours
Due to: Arteriosclerosis	3
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(b) Date of occurrence: None
(c) Where did injury occur? (City or town) (County) (State): None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) None
While at work? (e) Means of injury:
23. Signature: William T. Hyatt M.D. (M.D. or other)
Address: 3805 So Broadway Date signed: June 12 47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side) WILLIAM T. HYATT

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.