

FILED SEP 15, 1947

Registration District No. 3/19

Primary Registration District No. 6876

Registrar's No. 1917

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
R.R. 2, Florissant, /  
(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 St. Louis 96

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

(d) Street No. R.R. 2--Florissant  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles John Ryan

3. (b) If veteran, name war NIL

3. (c) Social Security No. 495-22-0337

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7  
year 1947 hour 9:00 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace C. (Flynn) Ryan

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 25 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13  
1946 to Sept 7 1947

that I last saw him alive on August 30 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>12</u>	hr. min.

Immediate cause of death Coronary Thrombosis Duration 1 Hour

Due to Coronary Arteriosclerosis 12 years

Due to General Arteriosclerosis 12 years

Other conditions 940

9. Birthplace Millwood-Lincoln Co., -Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Patrick Wm Ryan

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

14. Maiden name Mary G. Hoey

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Grace C. Ryan

(b) Address R.R. 2, Florissant, Mo.

17. (a) burial (b) Date thereof Sept 10-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood, Missouri

18. (a) Signature of funeral director H. C. Hallmeyer & Sons Co.

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 9-9-47 (b) Bevel Thompson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature C. A. Bernard (M. D. or other) \_\_\_\_\_  
Address St Charles, Mo. Date signed 9/8/47

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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.....

Herbert C. Dollmeyer....., Registered Apprentice No. 429  
working under my personal supervision.

Signed Joseph F. Lindner  
Licensed Embalmer No. 4189  
P. O. Address St. Charles 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.**