

S. No. 300  
OM - 10-47  
Rev. 5-17-39  
I 3906

#92080  
National Office of Vital Statistics  
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41805  
State File No. 11029  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 5715 Leona St. Memorial  
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME JAMES RYAN  
3. (b) If veteran, name war No  
3. (c) Social Security No. 492-01-1527

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Jennie M. Ryan  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Nov. 25th 1880.

8. AGE: Years 68 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Louis Mo.  
10. Usual occupation Elevator Construction Ret.  
11. Industry or business

MOTHER FATHER  
12. Name Thomas M. Ryan  
13. Birthplace Ireland  
14. Maiden name Mary E. Dyer  
15. Birthplace Ireland

16. (a) Informant Jennie M. Ryan  
(b) Address 5715 Leona St.  
17. (a) Burial (b) Date thereof Dec. 23 1948  
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. L. & U. Co.  
(b) Address 2929 S. Jefferson Av.  
19. (a) BEC 21 1948 (b) J. B. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 20th year 1948 hour 8 minute 45 AM  
21. I hereby certify that I attended the deceased from 12/15/48 to Dec. 20th 1948 that I last saw him alive on Dec. 20th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND ARTERIO-SCLEROTIC HEART DISEASE  
Due to  
Due to  
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?  
(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 1515 Lafayette 12/20/48 other) Address Date signed

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

1001 72  
1001 72

1001-10-01  
1001-10-01  
1001-10-01  
1001-10-01  
1001-10-01

**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 *A. M. Harris*  
\_\_\_\_\_  
Licensed Embalmer No. 374  
P. O. Address 2929 Jefferson

**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.