

No. 300
M-10-47
7-5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42110
State File No. _____
Registrar's No. 2879

FILED DEC 31 1948
Registration District No. 577

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
First Nat'l. Bank of Wellston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs.
years, months or days

3. (a) PRINT FULL NAME Edward J. Ryan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Margaret Ryan 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 7th., 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 6 hr. min.

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

10. Usual occupation Retired

11. Industry or business Brick Mfg.

12. Name Edward Ryan

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

14. Maiden name Mary Keating

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

16. (a) Informant Mrs. Margaret Ryan
(b) Address 6924 Princeton Ave.,

17. (a) Burial (b) Date thereof 12-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.
(b) Address

19. (a) 12/15/48 (b) Thos. D. Lindell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6924 Princeton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13th.,
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from
3-24, 1948, to 12-13, 1948
that I last saw him alive on 11-14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertensive Cerebral Disease
Due to 93d
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?

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature Carl J. Kelly (M. D. or other)
Address Hubert Kelly Date signed 12-14-48

JAN 18 1949

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.