

S. No. 300
V. 10-48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3189**
Registrar's No. **166**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 70-0-13		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1		d. STREET ADDRESS (If rural, give location) 20 1826 N Jefferson Ave.			
3. NAME OF DECEASED (Type or Print) John Ronan			4. DATE OF DEATH (Month) (Day) (Year) 1 6 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-23-1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0
IF UNDER 1 YEAR Days 13	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Mins. 	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME James, P Ronan		13b. MOTHER'S MAIDEN NAME Theresa Wallace		14. NAME OF HUSBAND OR WIFE Ellen Ronan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nellie Ronan		
			ADDRESS 1826 N Jefferson Av		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy;					
ANTECEDENT CAUSES		DUE TO (b) _____			
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:20A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cecil E Taylor coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-8-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 7 1949		REGISTRAR'S SIGNATURE J Blacato		25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart	
				ADDRESS 2228 St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

AVE

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

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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elton R. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, 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.