

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21617**  
Registrar's No. **5816**

**FILED JUL 15 1949**

BIRTH NO. **38249-49** 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)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>0</b>		a. STATE <b>Missouri</b> b. COUNTY <b>76</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Josephine Heitkamp Mem.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. Louis County</b> <b>0</b>					
3. NAME OF DECEASED (Type or Print)		d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>ROBERT</b>		b. (Middle) <b>DANA</b>		c. (Last) <b>RYAN, Jr.</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>			
8. DATE OF BIRTH <b>7-1-49</b>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>newborn</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>Robert Dana Ryan</b>		13b. MOTHER'S MAIDEN NAME <b>Lorraine Mary Hauri</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. R. D. Ryan</b>		ADDRESS <b>7026 Foxcroft</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth &amp; neonatal death</b> ANTECEDENT CAUSES DUE TO (b) <b>atelectasis &amp; elementary</b> DUE TO (c) <b>tract failure</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>birth</b>	
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)		<b>159</b>	
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 <b>776x</b>			
22. I hereby certify that I attended the deceased from <b>July 1, 1949</b> , to <b>July 4, 1949</b> , that I last saw the deceased alive on <b>July 4, 1949</b> , and that death occurred at <b>3:25 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Netawan B. Kappesser, M.D.</b>		23b. ADDRESS <b>3824 Luanhoe</b>				23c. DATE SIGNED <b>July 4, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/5/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>III 5 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons and Co. 2630 Gravois Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. Allen Davis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. **4053**

P. O. Address **4106 Manchester Ave.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.