

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 17 1950

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1234</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (In this place) <b>14 3/4 WKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST LOUIS CITY INFIRMARY HOSP 3000 Arsenal St.</b>				d. STREET ADDRESS (If rural, give location) <b>5600 Arsenal St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Timothy</b> b. (Middle) <b>W.</b> c. (Last) <b>Ryan.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5 1950</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>September 19, 1880</b>			
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Ill</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DeSoto, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13a. FATHER'S NAME <b>Thomas Ryan</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Pierce</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas M. Ryan</b>				ADDRESS <b>905 Fillmore St.</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>Military Tuberculosis (?)</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Tuberculosis</b> <b>many years</b> DUE TO (c) <b>Diabetes Mellitus, Severe</b> <b>5 years</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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>002X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Jan 13, 1949</b> to <b>Feb 5, 1950</b> , that I last saw the deceased alive on <b>Feb 5, 1950</b> , and that death occurred at <b>2004th St.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Pletus J. Krag</b>				23b. ADDRESS <b>5600 Arsenal St, St. Louis</b>		23c. DATE SIGNED <b>5 Feb 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 8, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>1600 Lemay Ferry Road Lemay, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 7 1950</b>		REGISTRAR'S SIGNATURE <b>J. P. Lester</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister Undertaking &amp; Livery Co.</b> ADDRESS <b>781 1/2 S. Broadway St. Louis 11, Missouri.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.