

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25232  
6202  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearwater</u>		<u>0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Josephine Heitkamp Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Clearwater</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>M</u>		c. (Last) <u>Ryan</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>19</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 14 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Daniel B. Ryan.</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Drinkwater</u>		14. NAME OF HUSBAND OR WIFE <u>Ella</u>			
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 <u>Mrs. Ella Ryan 7104 Michigan</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>3 days</u>	
		ANTECEDENT CAUSES		DUE TO (c) <u>Acute Uremia</u>		<u>11 days</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Arterio Sclerotic Heart Disease</u>		<u>3 days</u>	
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 type="checkbox"/> NO <input checked="" 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) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>10 July 1950</u> , to <u>19 July 1950</u> , that I last saw the deceased alive on <u>18 July 1950</u> , and that death occurred at <u>12:07 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William M. Hume MD</u>				23b. ADDRESS <u>7619<sup>th</sup> Gray Ave</u>		23c. DATE SIGNED <u>19 July 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 - 22 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair - View - Gamel</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>19 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr. 7128 Michigan</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1  
2222

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence Rochon*

Signed.....

Student Embalmer

Licensed Embalmer No. *3093*

P. O. Address *17178 Michigan*

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.