No. 300
10-48

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4663

State File No.

396

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 206

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

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 382 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 4138
d. STREET ADDRESS (If rural, give location): 8607 a Jennings Road

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) F. c. (Last) Ryan

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 26, 1924
9. AGE (In years last birthday): 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frank P. Ryan
13b. MOTHER'S MAIDEN NAME: Lorraine Ostendorf
14. NAME OF HUSBAND OR WIFE: Grace Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records, Springfield, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, Chronic bilateral cavitary.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
002X
20. AUTOPSY? YES ☐ NO ☒

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) m. VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 13, 1951, *to* March 1, 1952, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Culbertson — W. F. CULBERTSON, M.D. MANAGER
23b. ADDRESS: VA HOSPITAL, SPRINGFIELD, MO.
23c. DATE SIGNED: 3/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2/2/52
24c. NAME OF CEMETERY OR CREMATORY: ST Louis
24d. LOCATION (City, town, or county) (State): ST Louis, MO

DATE REC'D BY LOCAL REG.: 3-5-52
REGISTRAR'S SIGNATURE: James R. Amos, MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: HERMAN H. LOHMEYER FUNERAL HOME

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1962

DEC 6 1961

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.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4724

P. O. Address [illegible], 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.