No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11537

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 256

1000

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 14 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6 ST. LOUIS 2069
d. STREET ADDRESS (If rural, give location): 5843 HIGHLAND

**3. NAME OF DECEASED** (Type or Print)
a. (First): DANIEL
b. (Middle): NONE
c. (Last): RYAN

**4. DATE OF DEATH** (Month) (Day) (Year): 1-31-52

**5. SEX**: MALE 0
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): SINGLE 0
**8. DATE OF BIRTH**: 3-11-93
**9. AGE** (In years last birthday): 58 — 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): WAREHOUSEMAN
**10b. KIND OF BUSINESS OR INDUSTRY**: - - - - - - - -
**11. BIRTHPLACE** (State or foreign country): St LOUIS, MO. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: WILLIAM RYAN
**13b. MOTHER'S MAIDEN NAME**: HALENA WOODS
**14. NAME OF HUSBAND OR WIFE**: NONE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-I
**16. SOCIAL SECURITY NO.**: UNKNOWN
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INFARCTION OF LUNG DUE TO EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 2½ HRS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): THROMBOSIS OF VEIN FOLLOWING OPERATION.
DUE TO (c): - - - - - - - - - - - - - - - - - -

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
CARCINOMA OF COLON — 6 MOS

**19a. DATE OF OPERATION**: 1-24-52
**19b. MAJOR FINDINGS OF OPERATION**: CARCENOMA OF SEGMOID & NECROSIS OF CECUM 153X
**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): - - - VA - - - m.
**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* 1-17-52, 19__, *to* 1-31-52, 19__, ~~[illegible]~~ *and that death occurred at* 2:07a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph T. Kaminskas MD
JOSEPH T. KAMINSKAS
**23b. ADDRESS**: VAH JEFFERSON BARRACKS, MO.
**23c. DATE SIGNED**: 1-31-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb.2,1952
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis,Mo.

**DATE REC'D BY LOCAL REG.**: 1-31-52
**REGISTRAR'S SIGNATURE**: Herbert R. Donke MD
SC
**25. FUNERAL DIRECTOR'S SIGNATURE**: Arthur J. Donnelly
**ADDRESS**: 3840 Lindell Blvd.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.