

WED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22585  
Registrar's No. 6181

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6181</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>50-yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5921 Pershing Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5921 Pershing Ave.</b>				d. STREET ADDRESS <b>5921 Pershing Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>F.</b>		c. (Last) <b>Ryan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1952</b>	
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>Oct. 15, 1865</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR (Months) <b>8</b>		IF UNDER 24 HRS. (Hours) <b>14</b>		IF UNDER 1 MIN. (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Dry-Goods Business</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>Thomas F. Ryan</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Martha M. Ryan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Martha M. Ryan, 5921 Pershing Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> 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 <b>3 days</b> <b>Indefinite</b>
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4500</b>			
22. I hereby certify that I attended the deceased from <b>June 1, 1951</b> , to <b>June 29, 1952</b> , that I last saw the deceased alive on <b>June 29, 1952</b> , and that death occurred at <b>3:30 a.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>			23b. ADDRESS <b>Box 3175, Webster Ave, St. Louis, Mo.</b>			23c. DATE SIGNED <b>6-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 1, 1952</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>JUN 30 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Lindell Blvd.</b>		

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

3175 Ivanhoe Ave. N.E. 2873  
2<sup>30</sup> / J. Van Matre. Lic. 7591

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 \_\_\_\_\_

*W H Van Matre*

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.