

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7903

State File No. \_\_\_\_\_

1218

FILED FEB 25 1953 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo.		c. LENGTH OF STAY (In this place) 67 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo. 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2013 Bissell St		d. STREET ADDRESS 2013 Bissell St.		9	
3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle)		c. (Last) Ryan	
4. DATE OF DEATH January 30 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 12 1885		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Mc Ginley		13b. MOTHER'S MAIDEN NAME Susan Rush	
14. NAME OF HUSBAND OR WIFE John Ryan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John Ryan		ADDRESS 2013 Bissell St.			
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) <u>art sclerotic heart dis, coronary art</u> INTERVAL BETWEEN ONSET AND DEATH 5 yrs  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute flu. pneumonia</u> 5 days			
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? 4200	
22. I hereby certify that I attended the deceased from <u>2-25, 1953, to 1-30, 1953</u> , that I last saw the deceased alive on <u>2-9, 1953</u> , and that death occurred at <u>8 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wayne O. Sule M.D.</u>		(Degree or title)		23b. ADDRESS <u>2739 No. Grand</u>	
23c. DATE SIGNED <u>2-2-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 3	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St Louis Mo.		(State)	
DATE REC'D BY LOCAL REG. FEB 2 1953		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stroot-Carroll</u>	
		ADDRESS 4600 Nat Bridge Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

270

K. W. R.

**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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.