

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>897</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place township) <u>24 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood 4693</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>332 N. Dickson St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>CORNELIUS</u>		c. (Last) <u>RYAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1953</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>July 17, 1901</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John T. Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Marquitz</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Ryan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes 1918-1920</u>		16. SOCIAL SECURITY NO. <u>493-09-7812</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Ryan, Kirkwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma - Skull fracture</u>				<u>1-2 days</u>	
		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral Dissection</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and to previous trauma.</u>				<u>1-2 yrs</u>	
		DUE TO (c)					
		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 <u>Subdural Hematoma 117 9049</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fall?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>21</u> (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? <u>Fall?</u>			
22. I hereby certify that I attended the deceased from <u>3/4</u> , 19 <u>53</u> , to <u>3/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/23</u> , 19 <u>53</u> , and that death occurred at <u>1:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Es. Smirle, M.D.</u>				23b. ADDRESS <u>Georgetown Mo. Bldg.</u>		23c. DATE SIGNED <u>3/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-25-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dink - M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Popp, Inc. Kirkwood Mo.</u>			

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

OCT 30 1962

**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 Felix Husard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 32 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.