

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16163**

FILED APR 23 1953

318

PRIMARY REG. DIST. NO. **1003**Registrar's No. **3790**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis Mo.		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 742 Bayard				e. STREET ADDRESS (If rural, give location) 742 Bayard St 2129				
3. NAME OF DECEASED (Type or Print) Hubert			a. (First)	b. (Middle)	c. (Last) Ryales	4. DATE OF DEATH (Month) (Day) (Year) 4-6-1953		
5. SEX Male	6. COLOR OR RACE Cold	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	married	8. DATE OF BIRTH 4-27-1927	9. AGE (In years last birthday) 25	Months 9	Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Amos J. Ryales			13b. MOTHER'S MAIDEN NAME Mabel		14. NAME OF HUSBAND OR WIFE Clissie Ryales			
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.	17. INFORMANT'S SIGNATURE OR NAME Clissie Ryales				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Traumatic Intra Cerebral				
				ANTECEDENT CAUSES hemorrhage contrib. gunshot wound of left side of face; gunshot fracture of skull; suffered when shot with gun in hands of one Bill Cole				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				in rear of 912 North 8 and St about 545 pm April 6 1953				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Excusable homicide					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOPELESS (Specify) Excusable homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo				
21d. TIME OF INJURY Apr 6 53 5¹⁵ p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F981X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 m., from the causes and on the date stated above.								
23a. SIGNATURE Patrick E Taylor				23b. ADDRESS Coroner 31300 Clear		23c. DATE SIGNED 4-10-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-11-53	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis Mo.			
DATE REC'D BY LOCAL REG. APR 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Beal				
				ADDRESS Und 6 4303 Delmar				

m 8 B

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel W. Hughes*.....

Licensed Embalmer No. *4802*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.