

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19844**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5392**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital 2619		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 7401 MINNESOTA	
3. NAME OF DECEASED (Type or Print) GERTRUDE a. (First) _____ b. (Middle) O c. (Last) RYAN		4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1953	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 23-1892
9. AGE (In years; last birthday) 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 Mths: Hours _____ Mts. _____		11. BIRTHPLACE (City and State or Foreign Country) Mo 12. CITIZEN OF WHAT COUNTRY? U	
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME Geo Zinselmeyer		13b. MOTHER'S MAIDEN NAME Eliz Weber	
13c. NAME OF HUSBAND OR WIFE Wm. RYAN		14. NAME OF HUSBAND OR WIFE Wm. RYAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Wm RYAN 7401 MINN. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart failure Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Coronary Arteriosclerosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 4-24-53 , 19____, to 5-29-53 , 19____, that I last saw the deceased alive on 5-29-53 , 19____, and that death occurred at 2:10A m., from the causes and on the date stated above.			
23a. SIGNATURE Albert E. Stock MD (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 5-29-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 6-2-53		24c. NAME OF CEMETERY OR CREMATORY PARKLAWN	
24d. LOCATION (City, town, or county) (State) hemay (23) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL Home	
DATE REC'D BY LOCAL REG. MAY 29 1953		25. FUNERAL DIRECTOR'S SIGNATURE 6322 So. Grand	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—BLACK INK—SHARE A PARENTHESIS 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
Student Embalmer

Signed David W. Fossan

Licensed Embalmer No. 42 42

P. O. Address 6322 So. Ma

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.