

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33976**
8458BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN Wright City		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital		e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Russell			b. (Middle) Allen		
c. (Last) Ryker Sr.			8. DATE OF BIRTH Nov 25 1891		
5. SEX Male			9. AGE (In years last birthday) 61		
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Amer Car & Fdry		11. BIRTHPLACE (City and State or Foreign Country) Cedar Rapids, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John N. Ryker			
13b. MOTHER'S MAIDEN NAME Olive Jenkins		14. NAME OF HUSBAND OR WIFE Gertie Ryker			
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. Nil		17. INFORMANT'S SIGNATURE OR NAME Ralph Ryker, Wright City, Missouri	
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) Acute Bronchopneumonia		Chronic nephrosclerosis			28 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Acute pyelonephritis			10 days
II. OTHER SIGNIFICANT CONDITIONS		None			
19a. DATE OF OPERATION 8-17-53		19b. MAJOR FINDINGS OF OPERATION Paralytic Pleus - Oesostomy			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 570.1	
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?	
22. I hereby certify that I attended the deceased from 8-3 , 19 53 , to 8-31 , 19 53 , that I last saw the deceased alive on 8-31 , 19 53 , and that death occurred at 4:46P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John J. Hammond M.D.			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 8/31/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-31-53	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Wright City, Missouri.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 31 1953			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd		

(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 *John S. Dennis*
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.