

U.S. No. 300
Rev. 10-48
100x
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34497

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 346 Registrar's No. 2330

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Overland, Missouri township)		c. LENGTH OF STAY (in this place) 6 days.	c. CITY OR TOWN University City/5.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. Overland Restorium 10460 Thorpe		e. STREET ADDRESS (If rural, give location) #7453 Teasdale Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) Marie	b. (Middle) NMN	c. (Last) Ryan	4. DATE OF DEATH (Month) (Day) (Year) August 31, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married (Specify)	8. DATE OF BIRTH Dec 27, 1866.	9. AGE (In years last birthday) 86.	If UNDER 1 YEAR Months _____ Days _____	If UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Public School	10b. KIND OF BUSINESS OR INDUSTRY Teacher.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Ryan.	13b. MOTHER'S MAIDEN NAME Margaret H. Scholl.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give No. and date of service) No	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Alice Ryan ADDRESS 7453 Teasdale Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	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. Cerebral arteriosclerosis		1 year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/27/1952 to 8/31/1953, that I last saw the deceased alive on 8/30, 1953 and that death occurred at 4 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Shriver, M.D.	23b. ADDRESS 35 N. Central Clayton 5, Mo	23c. DATE SIGNED 8/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 9/2/53.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery..	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. 9/31/53	REGISTRAR'S SIGNATURE Herbert B. Spink	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

2-6 P.M.
1100

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*

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.