

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44453**

State File No. \_\_\_\_\_

**11821**

FILED JAN 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>5631 Sutherland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5631 Sutherland</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>M</b> c. (Last) <b>RYAN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 12, 1953.</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept 21, 1867.</b>
<b>9. AGE</b> (In years last birthday) <b>86</b> If UNDER 1 YEAR Months <b>21</b> If UNDER 12 Hrs. Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kirkwood, Mo.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired RR Conductor</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Mo. Pac. RR.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>US</b>

<b>13a. FATHER'S NAME</b> <b>John Ryan</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>UnAnngleson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Susie Ryan (Dec)</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>702-14-6269</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. A. F. Schwarz</b>	<b>ADDRESS</b> <b>5631 Sutherland</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>Arteriosclerotic H. Disease</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, generalized</b>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4200</b>
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**22. I hereby certify that I attended the deceased from May 1952 to Dec. 12, 1953, that I last saw the deceased alive on 12/12/53/19, and that death occurred at 6P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Charles Kroemer, M.D.</b>	(Degree or title) _____	<b>23b. ADDRESS</b> <b>16 Plaza Hampton Village</b>	<b>23c. DATE SIGNED</b> <b>12/14/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>12/15/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Peters Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kirkwood Mo.</b>
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<b>DATE RECEIVED BY LOCAL REG.</b> <b>DEC 15 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>LOUIS H. BOPP, Inc.</b>	<b>ADDRESS</b> <b>Kirkwood, Mo.</b>
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3.0 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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..... *Felix Hurand* .....

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood*

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.