

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21184**
Registrar's No. **4509**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. 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 town OR St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR Wellston	
c. LENGTH OF STAY (In this place) 0		d. STREET ADDRESS (If rural, give location) 6146 Suburban Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) M. c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) 5 19 1954		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 8 1879		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Ireland				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Andrew Byrne		13b. MOTHER'S MAIDEN NAME Jane Dillon		14. NAME OF HUSBAND OR WIFE John E Ryan Dec.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna F Greene		ADDRESS 6146 Suburban Ave.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Broad Ligament and Rectum and twelfth Dorsal Vertebrae				INTERVAL BETWEEN ONSET AND DEATH 9 mon. (approx)	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dorsal Vertebrae					
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Acutus				3 mon.	

19a. DATE OF OPERATION Dec. 1952		19b. MAJOR FINDINGS OF OPERATION Firmin Desloge Hospital (History: Malignant Uterus)				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 174X	
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22. I hereby certify that I attended the deceased from **Oct. 23, 1953, to May 19, 1954**, that I last saw the deceased alive on **May 18, 1954**, and that death occurred at **6:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. W. Oster		(Degree or title) M.D.O.		23b. ADDRESS 4445 a S. Grand Blvd.		23c. DATE SIGNED 5/19/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/22/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. MAY 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer.

Signed *Alfred J. Boedecker*
Licensed Embalmer No. *2663*

P. O. Address *11257 Hodiannont*

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