

FILED SEP 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. **31522**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **1940**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 hr.		e. STREET ADDRESS (If rural, give location) R. R. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) C.	c. (Last) Bryan	4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman (retired)	10b. KIND OF BUSINESS OR INDUSTRY A.C.F., St. Chas.	11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Patrick Bryan	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Nellie Rodenhoeffer
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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. 492-09-8801	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Bryan	ADDRESS St. Charles, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Head of the Pancreas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. generalized metastases		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis		10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 157X
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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?
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22. I hereby certify that I attended the deceased from 8/31, 1953, to 9/18, 1954, that I last saw the deceased alive on 9/18, 1954, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Kister M.D.	23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED 9-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. Sept 20 1954	REGISTRAR'S SIGNATURE Francis Hammett	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Dalbey & Son, St. Charles, Mo	ADDRESS
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WRITE PLAINLY—USING UNFAADING 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.....
Frank R. Amalongo

Licensed Embalmer No.....
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P. O. Address.....
St. Charles

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.