

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39187

State File No.

9969

BIRTH 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). a. STATE Mo.				b. COUNTY St. Louis		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1-day		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) # 11 St. George Place						
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle)		c. (Last) Ryan			
4. DATE OF DEATH Nov. 1, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Feb. 25, 1880		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR 6	11. UNDER 18 HRS. Mins.	
5. SEX F.		6. COLOR OR RACE W.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) DeGraff, Minn.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John McNelis		13b. MOTHER'S MAIDEN NAME Mary O'Malley		14. NAME OF HUSBAND OR WIFE Michael H. Ryan				
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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Frank J. Ryan, 4041 Magnolia Ave.						
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mild Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> <u>6 yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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? 4221		22. I hereby certify that I attended the deceased from <u>3/1</u> , 19 <u>54</u> , to <u>10/1/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/1</u> , 19 <u>54</u> , and that death occurred at <u>7:50 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John King MD</u>				23b. ADDRESS <u>689 E Big Bend</u>		23c. DATE SIGNED <u>11/2/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 3, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Bridget's Cemetery		24d. LOCATION (City, town, or county) (State) DeGaff, Minnesota				
DATE REC'D BY LOCAL REG. NOV 3 1954		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS 3840 Lindell Blvd.				

M. J. B. (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 *Louis Williams*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840*.....

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.