

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10136
2965

FILED APR 14 1955
318 1003 State File No.
BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Louis b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 527a DeBaliviere		e. STREET ADDRESS (If rural, give location) 527a DeBaliviere	
3. NAME OF DECEASED (Type or Print) a. (First) Julia A. Ryan b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 13, 1898
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY at home	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME Edward Schrick		13b. MOTHER'S MAIDEN NAME Mary Simmons	14. NAME OF HUSBAND OR WIFE Joseph E. Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph E. Ryan 527a DeBaliviere
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> <u>Generalized paraneoplastic -</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of uterus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X	
22. I hereby certify that I attended the deceased from June 30, 1954, to Mar. 30, 1955, that I last saw the deceased alive on Mar. 30, 1955, and that death occurred at 4:22 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Stuee</u>		23b. ADDRESS <u>Dr. D. 3720 Washington Blvd.</u>	
23c. DATE SIGNED 4-1-55		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 4-4-55		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Smith</u> Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 1 1955		REGISTRAR'S SIGNATURE <u>MDG</u> (Licensed Embalmer's Statement on Reverse Side)	

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

Dr. Geo. Ittner
3720 Washington

1 to 4

MS SEP 4 1903

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.....
David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address *632 1/2 St*

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.