

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20732

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>300</u>		Registrar's No. <u>1390</u>			
1. PLACE OF DEATH a. COUNTY <u>Waguerath County</u> <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mehlville</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mehlville 85 23 Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waguerath Conv. H.</u>				d. STREET ADDRESS (If rural, give location) <u>2 Waguerath Lane</u>					
3. NAME OF DECEASED (Type or Print) <u>Dr. Aurelia Catherine Ryan</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Apr. 24 1876</u>	
9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Days <u>1</u>		# UNDER 12 HRS. Hours <u>23</u>		10a. USUAL OCCUPATION (Give kind of work done during most of previous life even if retired) <u>Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Parochial School</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>George H. Ryan</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Lucobe</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Francis Augustine</u> ADDRESS <u>Mehlville Mo.</u>					
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u>		ANTECEDENT CAUSES						10 mos.	
DUE TO (b) <u>arterio-sclerotic disease</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						2 yrs	
DUE TO (c) <u>Chronic nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS						2 yrs	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic Arthritis</u>								5 yrs	
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)		4200			
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?					
22. I hereby certify that I attended the deceased from <u>June 15, 1955</u> to <u>June 17, 1955</u> , that I last saw the deceased alive on <u>June 15, 1955</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u>				23b. ADDRESS <u>421 W. Schurmer</u>		23c. DATE SIGNED <u>6-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waguerath Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mehlville 23 Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/20/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</u>					

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Louis C. Hoffmann*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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