

FILED JUL 21-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24636

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1478

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		c. CITY OR TOWN <b>University City</b>	
c. LENGTH OF STAY (In this place) <b>Life 27 yrs</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7226 Forsyth Blvd.</b>		STREET ADDRESS (If rural, give location) <b>7226 Forsyth Blvd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Mary</b>	a. (First)	b. (Middle) <b>C.</b>	c. (Last) <b>Ryan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1955</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Aug. 10, 1867</b>	9. AGE (In years) (last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife - At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Heinrick Pashcoe</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Mundy</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. O'Neill Ryan</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marion T. Lambert, # 20 Clermont Lane</b>
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18. CAUSE OF DEATH Enter only one cause per line to (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infermites of age</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <b>794 X</b>
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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?
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22. I hereby certify that I attended the deceased from **May**, 19**55**, to **June 28**, 19**55**, that I last saw the deceased alive on **June 28**, 19**55**, and that death occurred at **1:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George W. Atter</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington Blvd.</b>	23c. DATE SIGNED <b>6-29-55</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>July 1, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/29/55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>H. J. ...</b>	ADDRESS <b>3840 Fenice Blvd.</b>
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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 *Francis Williams*.....

Licensee No. *35*

P.O. Address *38407*

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.