

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35123

State File No. 9423
Registrar's No.

1003

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arizona b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 29 days		c. CITY OR TOWN Phoenix		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				e. STREET ADDRESS (If rural, give location) 714 East Polk Street							
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) RYAN			4. DATE OF DEATH Oct. 27th, 1955								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 1, 1890		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker			10b. KIND OF BUSINESS OR INDUSTRY Pilsner Brewery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas Gartland			13b. MOTHER'S MAIDEN NAME Mary Casserly			14. NAME OF HUSBAND OR WIFE Frances Ryan (Dec'd)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 526-05-4178		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie Keith 2633a Glasgow St.						
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) Hypertensive Cardio-Vascular-Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis; general Polycystic left kidney						INTERVAL BETWEEN ONSET AND DEATH 2 years ? ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		442x					
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?							
22. I hereby certify that I attended the deceased from October 1, 1955, to Oct. 27, 1955, that I last saw the deceased alive on Oct. 27, 1955, and that death occurred at 4:55 P. M., from the causes and on the date stated above.											
23a. SIGNATURE Joseph Sedman (Degree or title)				23b. ADDRESS m.p. 2400 N. 2nd Ave				23c. DATE SIGNED 10/28/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 30, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Phoenix, Arizona					
DATE REC'D BY LOCAL REG. OCT 28 1955		REGISTRAR'S SIGNATURE J. Carlos Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE John Stygar & Son		ADDRESS 5541 Riverview Blvd.				

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
J. M. Rister

Licensed Embalmer No. 398

P. O. Address. St. Louis

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.