

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11862**

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **590** Registrar's No. **691**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury		c. CITY OR TOWN Shrewsbury	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Months		e. STREET ADDRESS (If rural, give location) 5026 Shrewsbury ave 4561	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5026 Shrewsbury ave			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) March 9 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED/NEVER MARRIED, WIDOWED (Specify) Divorced	8. DATE OF BIRTH August 18 1900		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work and description of machine, etc. if operating) Electrician Long Key Elect Co		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hartford Conn	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John D Ryan		13b. MOTHER'S MAIDEN NAME Susan Dowd		14. NAME OF HUSBAND OR WIFE Eloise Ryan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give name or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas W Ryan 5026 Shrewsbury	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of lung. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 months Oct. 9 was	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X		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?	

22. I hereby certify that I attended the deceased from **2-5, 1956**, to **3-9, 1956**, that I last saw the deceased alive on **3-9, 1956**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur K. Jirasek M.D.		(Degree or title)		23b. ADDRESS 18 So. Kingshighway	
23c. DATE SIGNED 3-10-56		24a. BURIAL, CREMATION, or other disposal Removal		24b. DATE 3/13/56	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis MO.			

DATE REC'D BY LOCAL REG. 3-12-56		REGISTRAR'S SIGNATURE Michael R. Donkey M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 So. Kingshighway	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *John A. Johnson*.....

Licensed Embalmer No..... 49

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.