No. 300
10.48

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

FILED AUG 24 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29069

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6797

**1. PLACE OF DEATH**
a. COUNTY: Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 1M25da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chronic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 2820 /S. Compton

16 2169

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ruth
b. (Middle): Courtney
c. (Last): Ryan

**4. DATE OF DEATH** (Month) (Day) (Year): 7/18/56

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 30, 1897
**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Saleslady
**10b. KIND OF BUSINESS OR INDUSTRY**: Famous-Barr Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Mortimer Courtney
**13b. MOTHER'S MAIDEN NAME**: Edith Unknown
**14. NAME OF HUSBAND OR WIFE**: William G.Ryan

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 489-01-8863
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Chronic Hospital, 5600 Arsenal

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive cardiovascular dis. — INTERVAL BETWEEN ONSET AND DEATH: 2yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic heart disease — 4yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebro vascular dis. — 2yr.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 42.0.0
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5/23, 1956, *to* 7/18, 1956, *that I last saw the deceased alive on* 7/18, 19 56 *and that death occurred at* 11:20AM *from the causes and on the date stated above.* 7-18-56

**23a. SIGNATURE** Jos. P. Costello (Degree or title) M.D.
**23b. ADDRESS** 5600 Arsenal — 5600 Arsenal
**23c. DATE SIGNED** 7-18-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-20-56
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis, Mo.

DATE REC'D BY LOCAL REG.: JUL 20 1956
REGISTRAR'S SIGNATURE: Earl Smith MD — MDB
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H.Hoppe, 4700 Washington Blvd.

(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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dipon

Licensed Embalmer No. 4 9

P. O. Address St. L.

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