

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33700  
Registrar's No. 8397

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4904 Palm St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 31 years. years, months or days)

3. (a) PRINT FULL NAME Annie Ryden

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alex Ryden 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased December 18, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 20 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Benjamin Stumpf  
13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sama Crow  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alex Ryden  
(b) Address 4904 Palm St.

17. (a) Burial (b) Date thereof Oct. 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher  
(b) Address 4834 Natural Bridge

19. (a) OCT 9 1940 (b) J.F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4904 Palm St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th,  
year 1940 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1937  
\_\_\_\_\_, 19\_\_\_\_, to Oct 7, 1940  
that I last saw her alive on Oct 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration  
Primary in left breast 5 yrs  
50

Other conditions General Carcinomatosis  
(Include pregnancy within 3 months of death) metastatic

Major findings: Of operations None Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. S. Remains (M. D. or other)  
Address 4448 Shaw Blvd Date signed 10-8-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4428 Brown 7-8

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*John Hetter*  
Licensed Embalmer No. 3880

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**