

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1953

State File No. **44454**  
Registrar's No. **10867**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>44454</b>		Registrar's No. <b>10867</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>6 days</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland #23X</b>			d. STREET ADDRESS (If rural, give location) <b>9509-W-Milton Avenue</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>													
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>			b. (Middle) <b>May</b>			c. (Last) <b>Ryder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 21, 1878</b>		9. AGE (In years last birthday) <b>75</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City, and State or Foreign Country) <b>Maxwell, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Albert Comstock</b>				13b. MOTHER'S MAIDEN NAME <b>Magdalene Crittenden</b>				14. NAME OF HUSBAND OR WIFE <b>Marcus G. Ryder</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marcus G. Ryder</b> ADDRESS <b>9509-W-Milton Overland, Mo.</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>													
<b>MEDICAL CERTIFICATION</b>													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia - Terminal</b>													
ANTECEDENT CAUSES													
DUE TO (b) <b>Cerebral Hemorrhage -</b>													
DUE TO (c) <b>Hy pertension</b>													
II. OTHER SIGNIFICANT CONDITIONS													
Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis -</b>													
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) _____							
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? <b>331X</b>							
22. I hereby certify that I attended the deceased from <b>Sept. 1 - 1952</b> , to <b>Nov. 14, 1953</b> , that I last saw the deceased alive on <b>11-14, 1953</b> , and that death occurred at <b>4:00 P. M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Ray A. Hallen Sr. - M.D.</b>						23b. ADDRESS <b>Overland 14 Mo</b>			23c. DATE SIGNED <b>11-16-53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			24b. DATE <b>11-17-1953</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>NOV 16 1953</b>			REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Blumman Bros. Inc.</b> ADDRESS <b>2504-Woodson Rd-Overland-14-Mo.</b>							

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

*Marcus G. Ryder*

(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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, fact should be so stated above.