

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10418

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2823**)

**Osceola**

File No. ....

Registered No. **13012**

St. .... Ward

**2. FULL NAME**

**Louise Ryder**

(a) Residence. No. **2823 Osceola** St., **15** Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred **50** yrs. mos. da. How long in U.S., if of foreign birth? **50** yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sam Ryder**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **about 1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**abt 59**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Hom. wife**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Sam Schaal**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

14. INFORMANT **Helen Hajek**  
(Address) **2823 Osceola**

15. FILED **MAR 20 1927** **May 6 Starckoff**  
19 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 27 1927**

17. I HEREBY CERTIFY That I attended deceased from **March 7**, 19**27** to **March 27**, 19**27** that I last saw her alive on **March 20**, 19**27**, and that death occurred, on the date stated above, at **5 A.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Lobar Pneumonia**  
**100**  
**93A** (duration) yrs. mos. **12** da.  
CONTRIBUTORY **Acute Myocarditis**  
(SECONDARY) (duration) yrs. mos. **20** da.

18. WHERE WAS DISEASE CONTRACTED? **1010**  
IS NOT A PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical & Clinical**

(Signed) **H. P. Trail** M. D.  
**3/28 27** (Address) **7905 Cherokee St.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri Crematory** DATE OF BURIAL **Mar 29 1927**

20. UNDERTAKER **Wm. L. Moydall** ADDRESS **1926 Allen**

WHITE PAINCY, WITH UNFADING INK---THIS IS 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.

