WRITE PLAINLY, 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.

JAN 23 1934

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

Do not use this space.

41679

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10712

City St Louis (No. 4359 Maryland Ave St. ..... Ward)

2. FULL NAME Anastatia O'Riordan

(a) Residence, No. 4359 Maryland ave St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Patrick J. O'Riordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1858

7. AGE: YEARS 75 MONTHS 4 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER

13. NAME Michael Dwyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Kerwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank O'Riordan
(ADDRESS) 4359 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 12 - 14 1933

19. UNDERTAKER Kriegshauser Martinis
(ADDRESS) 4228 So Kingshighway

20. FILED DEC 13 1933 (19) J. J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1928, to Dec 11, 1933

I last saw her alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchopneumonia | Dec 10 33 |
| 107A | |
| 97 | |
| 102 | |
| 107A | |
| Other contributory causes of importance: Hypertension Arteriosclerosis | ? |

Name of operation None Date of Test

What test confirmed diagnosis? Exam & Laboratory Test Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert J. Warner, M. D.

(Address) 575 Trico Bldg St Louis