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DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

318 STANDARD CERTIFICATE OF DEATH

16516

State File No. _____

Registrar's No. **4339**

ED. MAY 18 1943
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home for aged - 3400 So. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify, whether
In this community _____ **45 Yrs** (Specify, whether
years, months or days)

3. (a) PRINT FULL NAME Stephen Riordan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Anna Riordan

6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Aug 17 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Traffic Div

11. Industry or business H & K Coffee Co

MOTHER FATHER

12. Name Michael Riordan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Driscoll

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Riordan

(b) Address 4961 Potomac St

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5 11 43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Kriegshausler Und Co

(b) Address 4228 So. Kinghighway

19. (a) MAY 10 1943 (Date received local registrar) **(b) J. F. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
12

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4961 Potomac St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 12.05 A Minute _____ M. _____

21. I hereby certify that I attended the deceased from May 4 to May 8 1943
that I last saw him alive on May 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis
Coronary thrombosis
Due to Arterio Sclerosis
Due to Arterio Sclerosis
Other conditions: _____
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration 1 1/2
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? _____

While at _____ (Specify if place) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) 3/13
Address 4961 Potomac St Date signed _____

Dr Budde

Grand Washington

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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, fact should be so stated above.