V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10885

FILED MAR 26 1945

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 681

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hghts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Ill (b) County 994

(c) City or town Harrisburg 11
(If outside city or town limits, write "RURAL")

(d) Street No. 14 1/2 W Popular St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 7 — No years.

3. (a) PRINT FULL NAME William P Riordan

3. (b) If veteran, name war Peace Time

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 30th. 1904 (Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Mine man

11. Industry or business Ill Light & Power Co

FATHER 12. Name John Riordan

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

MOTHER 14. Maiden name Mary O'Leary

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

16. (a) Informant Jane Riordan

(b) Address 4832 Forrest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of undertaker Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) MAR 14 1945 (Date received by registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1945 hour 5:00 PM. minute M.

21. I hereby certify that I attended the deceased from 3-10-45, 19, to 3-11, 1945; that I last saw h alive on 3-11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	years
Due to Rheumatic Heart Disease	
Due to Rheumatic Fever Chorea	
Other conditions (Include pregnancy within 3 months of death) Senile — cause undetermined	

Major findings:
Of operations
Of autopsy 93

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 Daniel L. Dettam (M. D. or other)

Address 607 N. Grand Ave Date signed 3-12-45

(Licensed Embalmer's Statement on Reverse Side)

Dr Shapton
Shaw Chief Bldg
1 pm

MAR 29 1945

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 Albert H. Hoppe

Licensed Embalmer No. 1861

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.