No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17970
Registrar's No. 4558

1. PLACE OF DEATH:

(a) County

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4938a Wise Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME ROBERT P. RIORDAN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Genevieve

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

7. Birth date of deceased Aug. (Month) 16 (Day) 1902 (Year)

8. AGE: Years 45 Months 8 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Pioneer Cooperage Co.

MOTHER FATHER

12. Name Daniel B. Riordan

13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Mary A. Mahoney

15. Birthplace Washington (City, town, or county) D.C. (State or foreign country)

16. (a) Informant Genevieve Riordan

(b) Address 4938a Wise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 16 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 1-12-46, 19..., to 5-15, 1948; that I last saw him alive on 5-15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Myeloma	unknown
Due to:	
Due to:	
Other conditions: Duodenal ulcer. (Include pregnancy within 3 months of death)	for years

Major findings:
Of operations: Gastric resection for Duodenal ulcer
Of autopsy: As above.

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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 John J. Hammond (M. D. or other) M.D.

Address 634 N. Grand Date signed 5-15-48

Jefferson City Printing Co.

(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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Richard W. Stoversand

Licensed Embalmer No. 4007

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.