

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. **30369**
Registrar's No. **7091**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7091		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		a. STATE Mo. b. COUNTY 2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5602 Highland				c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
e. STREET ADDRESS (If rural, give location) 5602 Highland Ave								
3. NAME OF DECEASED (Type or Print) Margaret Riordan			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH July 19 1953			5. DATE (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH March 1st 1868		
9. AGE (in years last birthday) 85		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Chas. Riordan		13b. MOTHER'S MAIDEN NAME Mary Sullivan		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Margaret Rankin ADDRESS 5602 Highland				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hypertensive ANTECEDENT CAUSES Cardio Vascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) Apoplexy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) H 43 X (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 19 51 , to July 17, 1953 , that I last saw the deceased alive on July 9, 1953 , and that death occurred at 9:30 P. m. from the causes and on the date stated above.								
23a. SIGNATURE (Deceased or title) D. J. Henderson				23b. ADDRESS 4390 Madison Blvd		23c. DATE SIGNED 7/20/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. JUL 20 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's ADDRESS 2849 N. Euclid Ave.				

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert Bruckman*.....

Licensed Embalmer No. *755*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.