

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042154

STATE FILE NUMBER
11600

FILED DEC 9 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 4111 WYOMING</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2169 4111 WYOMING</i>
3. NAME OF DECEASED (Type or print) First <i>DANIEL</i> Middle <i>B.</i> Last <i>RIORDAN</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>30</i> Year <i>1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>FEB. 8 1863</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED MAIL CARRIER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. POST OFFICE</i>	9. AGE (In years last birthday) <i>95</i>
11. BIRTHPLACE (City and state or country) <i>Mo.,</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>PATRICK C. RIORDAN</i>		13b. MOTHER'S MAIDEN NAME <i>MARY FLYNN</i>	14. NAME OF HUSBAND OR WIFE <i>MARY A. RIORDAN (DEC'D)</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>MARY E. RIORDAN</i> Address <i>4111 WYOMING</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i> <i>arteriosclerosis, generalized</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> <i>Arteriosclerosis Generalized</i> DUE TO (c) <i>420.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 yts</i> <i>10 yts</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>10-12-54</i> to <i>11-30-58</i> and last saw her alive on <i>11-17-58</i> Death occurred at <i>8 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harry A. Reich</i> (Type or print) <i>Harry A. Reich, M.D.</i>		22b. ADDRESS <i>5633 90. Kingshighway</i> <i>5633 Kingshighway</i>	22c. DATE SIGNED <i>12/2/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>DEC. 3 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>
24. FUNERAL DIRECTOR <i>Thomas Kute</i> ADDRESS <i>2906 Gravis</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 2 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>J.P.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 *Gustav W. White*

Licensed Embalmer No. *4329*

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.

PL 2-1936