

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

5665

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 12 1939 791

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4145 West Carter Ave
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4145 West Carter Ave.
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1939 hour 3:00 minute _____
21. I hereby certify that I attended the deceased from JAN 31 to JUNE 26
that I last saw him alive on JUNE 26 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 1-38

Due to hypertension Duration 1-38

Other conditions CHRONIC HEPATITIS

Major findings: Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
23. Signature J. T. Meller (M. D. or other) _____
Address 4114 Chestnut Date signed 6/27/39

3. (a) PRINT FULL NAME Mary Rose Riordan,
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 Nov. 10 1884
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 16 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home
11. Industry or business 5
12. Name Thomas Riordan
13. Birthplace Gallway Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Gallagher
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Riordan
(b) Address 4145 W. Carter Av
17. (a) _____ (b) Date thereof June 29, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.
18. (a) Signature of funeral director _____
(b) Address 1710 N. Grand Blvd.
19. (a) JUN 27 1939 (b) J. T. Meller
(Date of local health officer) (Registrar's signature)

Vertical text on the left margin: N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

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.