MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21076 ~~21175~~

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2802 Norwood ave St. ..... Ward)

File No. .....

Registered No. 5927

2. FULL NAME Frank G Carrigan

(a) Residence. No. 2802 Norwood ave St., 6 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Neoma Carrigan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 3, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Conductor

10 2 (b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Frisco R. R.

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

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PARENTS

10. NAME OF FATHER Patrick Carrigan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Roy Carrigan
(Address) 2802 Norwood ave

15. FILED JUN 18 1930 Max C Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930 to June 17, 1930 that I last saw him alive on June 17, 1930, and that death occurred, on the date stated above, at 12:33 P m.

59 THE CAUSE OF DEATH WAS AS FOLLOWS:
93 Acute Cardiac Dilatation 5 days
95 Chronic Myocarditis 4 years

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

..... (duration) 8 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. G. Kroenning, M. D.

June 18 1930 (Address) 4548 Harris Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St James Missouri	6-19 1930
20. UNDERTAKER	ADDRESS 4228
Kriegshauser Und Co Sc	Kingshighway

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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