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

Do not use this space.

37656

File No.

Registered No. 10743

1. PLACE OF DEATH

County St. Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St. Louis (No. City Infirmary St. Ward)

2. FULL NAME Joseph Carignan

(a) Residence. No. City Infirmary St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Carignan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	1	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Canada

PARENTS

10. NAME OF FATHER Stephen Carignan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Effinger

(Address) City Infirmary

15. NOV 12 1930 Filed, 19 Geo. C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 9, 1930, that I last saw him alive on Nov 8, 1930, and that death occurred, on the date stated above, at 5 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senile Dementia

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 5800 Arsenal St Louis Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Roosevelt Leonard M. D.

, 19 (Address) 5800 Arsenal

*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 Calvary — DATE OF BURIAL Nov 14 1930

20. UNDERTAKER Edw. F. Howard & Son — ADDRESS 4212 St Louis Ave

CAUSE OF DEATH is plain, reasonable and probable, and may be accepted by Coroner, Medical Examiner, Justice of Peace, Health Officer, Physician, Undertaker, Relative, Friend, Neighbor, Clergyman, Sheriff, Police, Postmaster, Rural Mail Carrier, Teacher, Pupil, Employer, Employee, Fellow Lodge Member, Fellow Church Member, Fellow Club Member, Fellow Society Member, Fellow Association Member, Fellow Union Member, Fellow Lodge Member, Fellow Church Member, Fellow Club Member, Fellow Society Member, Fellow Association Member, Fellow Union Member.