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

Do not use this space.

FEB 21 1935

File No. 2947

Registered No. 175

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City ST. LOUIS (No. 5826, SOUTHWEST St. ..... Ward)

2. FULL NAME CHARLES R. LANIGAN

(a) Residence, No. 5826 SOUTHWEST St., 3 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	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND ~~OF~~ ~~(OR) WIFE OF~~ TERESA LANIGAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 1, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) SOUTH BEND (STATE OR COUNTRY) IND.

FATHER

13. NAME RICHARD LANIGAN

14. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY)

17. INFORMANT MRS. TERESA LANIGAN (ADDRESS) 5826 SOUTHWEST

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS DATE JAN. 7, 1935

19. UNDERTAKER MULLEN BROS (ADDRESS) 4259 LINDELL BLVD.

20. FILED JAN -6 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1935, to Jan 4, 1936

I last saw h. alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple carcinoma	
primary seat left jaw	

Other contributory causes of important: None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. P. Hemmerle, M. D.

(Address) 6200 Columbia Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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6200 Col.