

OCT 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS(No. 5826)SOUTHWEST

791

1003

File No.....

30909

Registered No.....

7698

St. Ward)

2. FULL NAME MARY THERESA LANIGAN(a) Residence, No. 5826 SOUTHWEST 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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFCHARLES R. LANIGAN6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 6, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>—</u>	<u>6</u>	

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

HOUSEWIFE

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) (STATE OR COUNTRY)

MO.

13. NAME

UNKNOWN

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

MO.

15. MAIDEN NAME

UNKNOWN

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

MO.17. INFORMANT MRS. W. KAMMANN
(ADDRESS) 5826 SOUTHWEST

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. PETERS CEM. DATE SEPT. 14, 193519. UNDERTAKER MULLEN BROS.
(ADDRESS) 4289 LINDELL BLVD20. FILED SEP 13 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1932, to Sept 12, 1935I last saw him live on Sept 12, 1935 Death is saidto have occurred on the date stated above, at 9 a.m.

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

Date of onset

Chronic Myocarditis Jan 3, 1932Intermittent nephritis April 35, 35

Other contributory causes of importance:

Arteriosclerosis Jan 32, 35

Name of operation.....

What test confirmed diagnosis? Lab. Was there an autopsy? no

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

Accident, suicide, or homicide?..... 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. Hemmrich Jr., M. D.(Address) 6200 Columbia

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

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.

6200 Col
3139 Brando