

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.

FEB 11 1936

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

Do not use this space.

3650

1. PLACE OF DEATH

County.....
Township.....
City.....
#1486 St. Louis (No. 1486)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 894
St. Ward)

2. FULL NAME

John Merrigan

(a) Residence, No. 4059 Charlestown St. Ward. (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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1864		
7. AGE	YEARS 74	MONTHS 9
	DAYS 15	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil	
	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) St. Louis, Mo.		
FATHER	13. NAME John Merrigan	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) St. Louis, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-27-36		
19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeyer 4016 Chaffin St.		
20. FILED JAN 24 1936 J. B. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/24 1936 to 1/23 1936

I last saw him alive on 1/23 1936 Death is said to have occurred on the date stated above, at 10:00 am.

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

Other contributory causes of importance: H6

Name of operation Espl. Cap Date of 1-7-36

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? 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?
If so, specify.....
(Signed) J. B. Bredeck M. D.
(Address) City St. Louis

