

DEC 3 1936

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

Do not use this space.

42604

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Firmin, Desloge) St. _____ Ward _____

File No. _____
Registered No. **11111**

2. FULL NAME Arthur F. Carrigan

(a) Residence, No. 4535 Natural Bridge St. 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Carrigan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 2 18

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

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 Mo13. NAME John Carrigan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo15. MAIDEN NAME Un Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known17. INFORMANT May Carrigan
(ADDRESS) 4535 Natural Bridge18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11-9-3619. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 2016 Chippewa St20. FILED NOV 7 1936 J. Brebeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6/36 193622. I HEREBY CERTIFY, That I attended deceased from 10/22, 1936, to 11/6/36, 1936.I last saw him alive on 11/6/36, 1936. Death is said to have occurred on the date stated above, at 5⁰⁰ P.M.

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

① Chronic Perforating Duodenal Ulcer Date of onset 1921② Spontaneous Rupture of Jejunum 1936 10/25/36Other contributory causes of importance: Generalized Peritonitis Secondary to above.Name of operation gastrectomy Date of _____What test confirmed diagnosis? _____ Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936Where 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. J. Sauer, M. D.
(Address) 627 Missouri Bldg.

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.

