

REC'D FEB 10 1939

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

396

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **396**
(c) City **St. Louis Mo.** (d) Street No. **2807 Henrietta Ave.** St. **Mo.**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Patrick Gilligan**

(a) Residence, No. **2807 Henrietta Ave.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Delia Gilligan**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 17 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
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) **Ireland 5**

FATHER 13. NAME **Patrick Gilligan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

MOTHER 15. MAIDEN NAME **Mary Kelly 5**

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

17. INFORMANT (ADDRESS) **Delia Gilligan 2807 Henrietta**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 13th 1939**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schumr, 3125 Lafayette Ave.**

20. FILED **JAN 12 1939** **J. B. Breckner** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7 1939** to **Jan 10 1939**

I last saw him alive on **Jan 10 1939**. Death is said to have occurred on the date stated above, at **10:35 A.M.**

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

**Chronic Nephritis
Bronchial Asthma**

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **W. C. Hansen**, M. D.(Address) **3157^a Paul at**

STATEMENT BY LICENSED EMBALMER

I, Jose B. Vollmer, Licensed Embalmer No. 41014
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Jose B. Vollmer
Licensed Embalmer No. 41014

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)