

REC'D FEB 6 1939

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

2745
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425
 (b) Township Meramec Primary Registration District No. 5380 Registered No. 11-96
 (c) City St. Joseph (d) Street No. St. Joseph's Hill Infirmary Eureka Mo. St.
 (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 62 1/2 yrs. 5 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 612 Washington Ave. St. St. Louis, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Rose Sontag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/29/1866

7. AGE YEARS 72 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer, retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1-3-34 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa, Illinois13. NAME Joseph Harrigan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know15. MAIDEN NAME Anna McFarlan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know17. INFORMANT (ADDRESS) St. Joseph's Hill Infirmary
By Brother Bonaventura18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE 1-7-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ottawa, Ill.
James J. Torrence20. FILED Jan 31 1939 James J. Torrence Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1939, to Jan 2 1939
 I last saw him alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 8⁰⁰A m.
 The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageOther contributory causes of importance: 4700Name 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) James S. Sargent, M. D.

(Address) Eureka, Mo.

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.

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

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1. PLACE OF DEATH

(a) County of person Registration District No. 415
 (b) Township Meramec Primary Registration District No. 5580
 (c) City St. Joseph (d) Street No. St. Joseph's 411 Registered No. 11-99
 (e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Joseph Patrick HARRIGAN

(a) Residence, No. 740 Intuitive St. City Mo. St. (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 (OR) WIFE OF Rose HARRIGAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 21 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. silk mill
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Joseph HARRIGAN

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

MOTHER 15. MAIDEN NAME ANNA McBowen

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

17. INFORMANT Edw. Harrigan
 (ADDRESS) 740 Intuitive St. City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Pauls Cem. DATE Jan 7 1939

19. FUNERAL DIRECTOR Outman's Funeral Home
 (ADDRESS) 9222 Lockland Cleveland Mo

20. FILED Jan 29 James A. Townsend
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 5 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

HEART ATTACK

Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address).....

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.

S-2746

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 Al C. Ostman
Licensed Embalmer No. 3478

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.)