

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-38
1-10931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3751

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 92

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution: 2636 Sutton Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 2636 Sutton Ave.
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME William T. Harrigan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 26, 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - Cigar Store

11. Industry or business Retail Business

12. Name John Harrigan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Desmond
(City, town, or county) (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Nellie Sanger
(b) Address 2636 Sutton Ave.

17. (a) Burial (b) Date thereof Jan 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) JAN 13 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13. year 1940 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 1930, to _____, 1938;
that I last saw him alive on Oct., 1938
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Arterio Sclerosis Heart Disease

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter A. Dill (M. D. or other) MD
Address 73469 Manchester Date signed 4/1/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester Ave.

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.)

If this body is not embalmed, above space should be left blank.