

MAY 15 1940  
Registration District No.

791

Primary Registration District No.

1003

State File No.

Registrar's No.

3254

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Days 1  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Thomas Lanigan 525  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 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 Sept. 25 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Atlanta, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Patrick Lanigan 5  
 { 13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Bridget Franey  
 { 15. Birthplace Quebec Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Franey  
 (b) Address Ludlow, Mo

17. (a) Removal (b) Date thereof 4-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Stephens & Hooding  
 (b) Address Macon, Missouri

19. (a) APR 8 1940 (Date received local registrar)  
J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 107 N. 6th St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,  
 year 1940 hour 4:07 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 1, 1940 to April 7, 1940  
 that I last saw him alive on April 7, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary Infarct  
cause d. by edr. myocarditis  
non-tubercular  
no pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy As above

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 J. F. Budick (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Date signed 4/8/40

**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

*Jack H. Loken*

Licensed Embalmer No.

*4180*

P. O. Address

*4024 Lindell*

**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.**

*M.S.*