

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
 (c) Name of hospital or institution: 6826 Julian Ave.
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Adelaide M. Hannigan 525
 3. (b) If veteran, name war None
 3. (c) Social Security No. 497-01-2524

4. Sex Female 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 Oct. 19th 1896
 (Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 13 If less than one day
 hr. _____ min. _____

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Comptometer Operator 0

11. Industry or business 0

12. Name Andrew M. Hannigan
 13. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Bridget Brogan
 15. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bridget Hannigan
 (b) Address 6826 Julian Ave.

17. (a) Burial (b) Date thereof 8-5-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG - 2 1940 (b) [Signature] (c) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town University City
 (d) Street No. 6826 Julian Ave.
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st
 year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 29
 1934 to Aug. 1, 1940;
 that I last saw him alive on July 31, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
 Duration: 7 yrs

Due to _____

Due to _____

Other conditions: _____
 (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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: [Signature] (M. D. or other) _____
 Address: 508 N. Grand Blvd. Date signed 8/24/40

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

MOTHER FATHER

ra

AUG 7 1941

1-3

See 4/1/41

r. Solon Cameron
Metrop Bldg.

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 *Edmund M. Bernatt*
Licensed Embalmer No. *3024*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.