S. No. 2
1—1-4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33529

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8487

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7yrs.11mos.1day (Specify whether years, months or days)
In this community About 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1817 Hamilton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes name country 0

3. (a) PRINT FULL NAME THOMAS GARRIGHAN
3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Garrighan
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct. 9, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	-	16	hr. min.

9. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation R.R.Car Repair Man
11. Industry or business
FATHER 12. Name Timothy Garrighan
13. Birthplace Wilmerding (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name Mary Dyer
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant L. Deggendorf
(b) Address 5300 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave.
19. (a) OCT 27 1941 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1941 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 10-25-41, 19...; that I last saw him 1m alive on 10-25-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lung Abscesses-Multiple 10-5-41	
Due to Gen. Paresis 1933	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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 Hubert O. Smith (M. D. or other)
Address 5400 Arsenal Date signed 10/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buckholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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, fact should be so stated above.