

FILED APR 8 1942

Registration District No. 1003 Primary Registration District No. 1003

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

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 _____
2717 MADISON ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas F. Mc Tigue

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

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Sept 13 1861
(Month) (Day) (Year)

8. AGE: Years <u>80</u>	Months <u>6</u>	Days <u>0</u>	If less than one day hr. _____ min. _____
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9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) D

10. Usual occupation Retired Business

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Mc Tigue

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

14. Maiden name Margaret M unknown

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

16. (a) Informant Margaret Mc Tigue
(b) Address 2717 Madison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42
(Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS
(b) Address 2849 North Euclid Ave.

19. (a) APR 15 1942 (b) J. F. Predeck (Registrar's signature)
(Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 20 17

(d) Street No. 2717 Madison St. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1942 to March 13 1942
that I last saw him alive on March 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Mouth (Check & Palate)
Pericard Metastasis
Due to Primary Site undetermined

Due to _____

Other conditions (Include pregnancy within 3 months of death) HSC

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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) (a) Means of injury _____

23. Signature W. J. Gallagher (M. D. or other) M.D.
Address 634 W. Grand Date signed 3-16-42

Dr. Tom Gallagher
Mo. T. Bell

With call
from Dr.
Sullivan and others

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 Albert Mayfield

Licensed Embalmer No. 3077

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.