

H1512

S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16321
Registrar's No. 4959

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution 1 Month
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County.....
(c) City or town St. Louis
(d) Street No. 4001 W. Pine Blvd.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Tom Kerrigan
(b) If veteran, name war..... (c) Social Security No. 492-10-5097

4. Sex Male 5. Color Wh 6. (a) Single, 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 June 3 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 3 If less than one day hr mi

9. Birthplace 4 Ireland
10. Usual occupation Laborer
11. Industry or business.....

12. Name William Kerrigan
13. Birthplace Ireland
14. Maiden name Alice Kerrigan
15. Birthplace Ireland

16. (a) Informant Michael Kerrigan
(b) Address 4001 W. Pine
17. (a) Burial (b) Date thereof 6-8-42
(c) Place: burial or cremation Calvary Burying Place, St. Charles
18. (a) Signature of funeral director J. B. Brulek
(b) Address 1225 Union Blvd.
19. (a) JUN 7 1942 (b) J. B. Brulek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6 year 1942 hour 5:15 minute A. M.
21. I hereby certify that I attended the deceased from May 6 1942 to June 6 1942
that I last saw h. im alive on June 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to 1st
Due to 2d
Other conditions (Include pregnancy within 3 months of death) 7th
Major findings: Of operations.....
Of autopsy Not done

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) Means of injury.....
23. Signature M. W. Lamin (M. D. or Public Health Officer)
Address 1515 Lafayette Ave. Date signed 6/6/42

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

100
17
9

000
17
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MOTHER FATHER

*4001
1004
1004*

*James M. Smith
April 11 1904
Boston*

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Bernard A. Stuart

Licensed Embalmer No. *3500*

O. Address

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.