

FILED FEB 1 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FIRMAN DESLOGE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
In this community 10 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME REV. RAYMOND CORRIGAN S.J.

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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. JAN. 28, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 11 28 hr. min.

9. Birthplace. OMAHA NEBRASKA  
(City, town, or county) (State or foreign country)

10. Usual occupation CATHOLIC PRIEST

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

MOTHER FATHER

12. Name RAYMOND CORRIGAN

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

14. Maiden name DO NOT KNOW

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

16. (a) Informant REV. JOSEPH A. HERBERS

(b) Address 221 No. GRAND BLVD.

17. (a) BURIAL (b) Date thereof 1-22-43  
(Place of burial or cremation) (City or town) (County) (State) (Month) (Day) (Year)

(c) St. Stanislaus FLORISSANT MO.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) JAN 23 1943 (b) J. F. Brudeck  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. ST. LOUIS UNIVERSITY - 221 N. Grand  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19,  
year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 1  
1943 to Jan 19 1943;  
that I last saw him alive on Jan 19 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration 6 mo

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? \_\_\_\_\_ (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 Thomas M. Martin (M. D. or other)

Address 634 W. Grand Date signed 1/21/43

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

Dr. J. P. ...  
Pro. Theodor ...  
3-5306

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 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, fact should be so stated above.