

FILED FEB 18 1943 318  
Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
103 Talcott Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 76 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 103 Talcott Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Patrick Harrigan

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased July 29, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 6 10 hr. min.

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

10. Usual occupation R.R. Track man

11. Industry or business

12. Name Unknown  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Harrigan  
(b) Address 103 Talcott Ave

17. (a) Burial (b). Date thereof 2/10/43  
(Burial, cremation, or removal) (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) FEB 9 1943 J. J. Bulech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
year 1943 hour 4:00 AM minute ----- M.

21. I hereby certify that I attended the deceased from Feb 8  
1943 to Feb 8, 1943

that I last saw him alive on Feb 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death From Myocardial Infarction  
embolism coronaries

Due to -----

Due to -----

Other conditions 9/2  
(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 Math Hermann & Son (M. D. or other)  
Address 1918 9th St Date signed -----

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**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. Burkholder*

Licensed Embalmer No.

*2160*

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.**