

FILED APR 19 1943 318
Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4952 MARYLAND AVE.
(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 CORRIGAN - MARY VERONICA

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife DENNIS J. CORRIGAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Unknown 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 Unknown _____ hr. _____ min.

9. Birthplace. ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name EDWARD CALLAHAN
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE DONN KNOW
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRANCIS JUTZ
(b) Address 5851 LOTUS AVE.

17. (a) BURIAL (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 3 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 96
(d) Street No. 5851 LOTUS AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Apr.
year 1943 hour 1:50 minute P

21. I hereby certify that I attended the deceased from Mar. 11 1943 to Apr. 7 1943
that I last saw her alive on Apr. 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion.

Coronary disease.
chronic rheumatism.

Due to hypertension cardio-vascular disease

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) _____
Mean of injury _____

23. Signature Gmas R. Stern (M. D. or other) MD.
Address 4952 Maryland Date signed 4/2/43

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 Rudell

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.