

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

ED SEP 17 1943

318

Primary Registration District No. 1003

528

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3100 Locust St. (If rural, give location) 921  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TIMOTHY J. GARRIGHAN

3. (b) If veteran, name war WORLD WAR #1 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 May 29th 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Car Inspector for the Terminal R.R.

11. Name Timothy Garrighan

12. Birthplace Ireland (City, town, or county) (State or foreign country) 4

13. Maiden name Mary Dyer

14. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mr. John B. Garrighan  
(b) Address 3019 No. Newstead.

17. (a) Burial Burial (b) Date thereof 9-3-43  
(Burial, cremation, or removal) (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) SEP 2 1943 (Date received at local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2  
year 1943 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Entertoritis reperiata

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Thomas F. Callahan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 9-3-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Albert D. 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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis } ss.

State File No. \_\_\_\_\_

**AFFIDAVIT FOR CORRECTION OF A RECORD** Local Registrar's No. 7905

On this 30th day of November, 1943, before me appears \_\_\_\_\_

Mr. John B. Garrighan, who, upon his oath, states that the original record of ~~birth~~ <sup>death</sup> for Timothy J. Garrighan, ~~born~~ <sup>died</sup> Sept. 2nd, 1943 in the State of Missouri, and which was filed at St. Louis, Mo. on 9-8-, 1943, should be corrected as follows:

Item No. 3 should read Timothy Joseph Garrighan

Instead of Timothy J. Garrighan

Item No. 16a should read John B. Garrighan

Instead of John D. Garrighan

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant John B. Garrighan <sup>Brother</sup>

Relationship.

309 Northwood Ave

Present Address.

Subscribed and sworn to before me this 30 day of Nov., 1943

My Commission expires March 4, 1945 Paul C. Paddock Notary Public.

*Answered 30-11-43*

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

29951