

FILLED JAN 3 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11474**

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo.
In this community Born here (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Corrigan

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Sept. 16, 1870
(Month) (Day) (Year)

3. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>3</u>	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 { 12. Name Patrick Boyle
 { 13. Birthplace Ireland (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Hannon
 { 15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Emil Borchert
(b) Address 5800 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bylles & Kelly
(b) Address 4386 Lindell Blvd

19. (a) DEC 21 1943 (Date received local Registrar) (b) J. J. Broun (Registrar's signature)

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")
(d) Street No. 4909 Highland (If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 19 19 day year 1943 hour 7 minute 25 P. M.
 21. I hereby certify that I attended the deceased from Oct. 19 19 43 to Dec. 19 19 43 that I last saw her alive on Dec 19 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease
 Due to Atherosclerosis
 Due to _____

Other conditions Non union of fracture of 2 humeri and clavicle
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

Duration 2 years
 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) Accident
 (b) Date of occurrence Dec 19 1943
 (c) Where did injury occur? at her home (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place? In home
 While at work _____ (Specify type of place) (e) Means of injury Fall
 23. Signature A. W. Lamb (M. D. or other) MD
 Address 5800 Arsenal Date signed 12/21/43

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

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 Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.