

Registration District No. **1818**

Primary Registration District No. **1003**

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:
4611 Greer Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Lanigan

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

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced. <u>Widow</u>
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6. (b) Name of husband or wife David Lanigan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 2 1862
(Month) (Day) (Year)

8. AGE:	Years <u>81</u>	Months <u>0</u>	Days <u>25</u>	If less than one day hr. _____ min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Flanigan

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

14. Maiden name Catherine Brennan

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

16. (a) Informant Joseph Lanigan

(b) Address 4611 Greer Ave.

17. (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 28 1943 (b) J. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4611 Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1943 hour 10 minute 35 A M.

21. I hereby certify that I attended the deceased from April 1942 to Dec 27 1943;
that I last saw h. br alive on Dec 8 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Sclerosis

Due to _____

Due to _____
Primary Anemia

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 St. Louis (M. D. or other) _____
Address St. Louis Date signed 12/28/43

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..... *Frank H. Stovort*

Licensed Embalmer No. *2265*.....

P. O. Address *4600 Mt. Bridge ave.*.....

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.