

No. 2
-5-43
-5-17-39
X36877

FILED JAN 12 1948
Registration District No. 878

Primary Registration District No. 100378

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Fourteen days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 4212 Falsom ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Matthew Carrigan

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 married

6. (b) Name of husband or wife Augusta Carrigan alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov. 22nd 1868
(Month) (Day) (Year)

8. AGE: Years Months Days 75 1 21 If less than one day
75 1 21 hr. min.

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

10. Usual occupation Switchman Frisco R.R.

11. Industry or business retired 117th

12. Name Patrick Carrigan

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

14. Maiden name Waltham

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

16. (a) Informant Augusta Carrigan

(b) Address #212 Falsom Ave.

17. (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Mo.

18. (a) Signature of funeral director J. F. O'Rourke

(b) Address #228 So. Kingshighway

19. (a) JAN 1 1948 (b) J. F. O'Rourke
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1944 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from December 21, 1943, to January 3, 1944;
that I last saw him alive on January 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Peripheral Circulatory Collapse
Pneumonia, Bronchial

Due to Senile Psychosis
Degenerative H. Disease

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? _____

23. Signature Chas. J. Madro
While at work? _____ (Specify type of place)
(2) Means of injury _____

Address 1515 Lafayette Ave. Date signed 1/3/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Edwin M. Mc Dermott*

Licensed Embalmer No.....

P. O. Address.....

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.