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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8307

State File No. 0

FILED FEB 19 1944

Registration District No. 3747

Primary Registration District No. 6076

Registrar's No. 400

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans' Administration Facility,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Jan.31,1944 (Specify whether
In this community - - -
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County ~~St. Louis~~ 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5902 Wabada Ave.,
(If rural, give location)

(e) Citizen of foreign country? - - (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME LANIGAN, Robert J.

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. 496-14-2523

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife - - Clara Lanigan

6. (c) Age of husband or wife if alive - 35 years

7. Birth date of deceased August (Month) 11, (Day) 1895 (Year)

8. AGE: Years 48 | Months 6 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Bartender

11. Industry or business - - -

FATHER
12. Name Joseph Lanigan
13. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Gertrude E. Lewis
15. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schilling Cl.Clerk,

(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) FEB 16 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1944 hour 10:05 A.M. minute ___ M.

21. I hereby certify that I attended the deceased from January 31, 1944, to February 14, 1944; that I last saw him alive on February 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CIRRHOSIS OF LIVER - ALCOHOLIC.	UNKNOWN
Due to - -	
Due to - -	
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation,
Of autopsy No 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) No

(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? (Specify type of place)

While at work? Means of injury 0

23. Signature L.M. COCHRAN, M.D., (M.D. or other)

Address Chief Medical Officer, Date signed 2-14-44

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(Licensed Embalmer's Statement on Reverse Side)

OCT 3 4 1945

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 Warren A. Carver

Licensed Embalmer No. 3534

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.