No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8797

State File No.

FILED APR 13 1944

Registration District No. 318

Primary Registration District No.

Registrar's No. 3286

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-days (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. 1003 (b) County 17

(c) City or town St.Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 4773 Hammett Place
(If rural, give location)

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

3. (a) PRINT FULL NAME James M.Carrigan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Mary Carrigan

6. (c) Age of husband or wife if alive ~~60~~ 66 years

7. Birth date of deceased April 15th. ~~1876~~ 1874
(Month) (Day) (Year)

8. AGE: Years 69 ~~67~~ Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Meat Inspector

11. Industry or business

12. Name Phillip Carrigan

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

14. Maiden name Bridget Casey

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

MOTHER FATHER

16. (a) Informant Mrs.Mary Carrigan

(b) Address 4773 Hammett Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
year 1944 hour 4 minute 05 a.m.

21. I hereby certify that I attended the deceased from April 2, 1944, to April 5, 1944
that I last saw him alive on April 4, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Spontaneous subarachnoid haemorrhage	3 days
Due to Ruptured aneurysm? Non-syphilitic	?
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 96.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. Emmet Kane (M. D. or other)
Address 1117 N Grand Date signed 4/5/44

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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 Missouri
~~County of~~ City of St Louis } ss.

State File No. a

Local Registrar's No. 3206

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of May, 1944, before me appears ....., who, upon her oath, states that the original record of ~~birth~~ death for James M. Carrigan, died ~~born~~ April - 5th, 1944, in the State of Missouri, and which was filed at April - 6th on ....., 1944, should be corrected as follows:

Item No. ~~17~~ 7 should read April - 15th, 1874

Instead of April 15th 1876

Item No. 8 should read 69 years - 11 month - 20 days

Instead of 67 years, 11 months - 20 days.

Item No. 6-C should read 66 years

Instead of 60 years.

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 .....

Annested 5-18-44

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

(SEAL)

Affiant Mary Jane Carrigan Wife
Relationship.

4773 Hammett
Present Address.

Subscribed and sworn to before me this 18 day of May, 1944.

My Commission expires My Commission Expires March 4, 1946 Elsie C. Paddock, Notary Public.

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

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