

FILED JUL 14 1945 STANDARD CERTIFICATE OF DEATH

15786

State File No.

5791

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5837 Lindenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Kauto B. Hannigan.

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

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Mary E. Hannigan.
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 18, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 15 hr. min.

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

10. Usual occupation Ass't. Traffic Manager.

11. Industry or business Southern Railroad.

12. Name Patrick Hannigan.

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

14. Maiden name Unknown Hawe

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

16. (a) Informant Kenneth Hannigan.

(b) Address 5837 Lindenwood Ave.

17. (a) Burial. (b) Date thereof 7-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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

(b) Address 3825 Lindell Blvd

19. (a) JUL 3 1945 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 31 to July 31, 1945
that I last saw him alive on July 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

Other conditions 82
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 4 days
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) Means of injury.....
23. Signature J. F. Briscoe (M. D. or other)
Address 607 1/2 Grand St Date signed 7/3/45

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

MOTHER FATHER

1/13/13
W. Van Matre

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. 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.