DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 28416
Registrar's No. 2023

FILED AUG 28 1945

State of Missouri 6676

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community See above

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Alton (If outside city or town limits, write RURAL)
(d) Street No. 554½ East Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) FULL NAME CORRIGAN, Eugene M.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel D. Corrigan
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November (Month) 15 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	6	hr. min.

9. Birthplace Paris (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business ---
MOTHER FATHER
12. Name John Corrigan
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Sarah Moore
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Clinical Clerk, Vet. Adm.
(b) Address Fac., Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1945 (Month) (Day) (Year)
(c) Place; burial or cremation Alton, Illinois
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.
19. (a) 8-22-45 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 21 year 1945 hour 8:35 minute A.M.
21. I hereby certify that I attended the deceased from August 9, 1945, to August 21, 1945: that I last saw him alive on August 21, 1945: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PERITONITIS, ACUTE, GENERALIZED.	Unknown
Due to	
Contributory Cause.	
APPENDICITIS, ACUTE, GANGRENOUS.	Unknown
Due to ---	
Other conditions --- (Include pregnancy within 3 months of death)	

Major findings:
Of operations Colotomy & Drainage August 10, 1945.
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
(e) Means of injury

23. Signature E. V. EDWARDS, LT. COL. (M. D. or other) M. C., Clinical Director
Address Vet. Adm. Fac., Jeff. Brks. Mo. Date signed 8/21/45

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