No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25633

Registration District No. 318 FILED AUG 1 5 1947

Primary Registration District No. 1003

Registrar's No. 7178

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 3631a Page Avenue
(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. 3631a Page Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John F. Higgins

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased December 6, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 25 If less than one day hr. 11 min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Michael Higgins 4
13. Birthplace St Louis ~~Ireland~~ Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Quigley
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant James Bruen
(b) Address 3631a Page Avenue

17. (a) burial (b) Date thereof 8-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan & Sheahan
(b) Address 4415 Washington Bl.

19. (a) AUG 1 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31 day
year 1947 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from July 30, 1947, to July 31, 1947, that I last saw him alive on July 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Condition Acute Endocarditis	5 Hrs.
Due to Bronchial Pneumonia	two days
Due to	
Other conditions Partial Paralysis - Acute (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 C. S. O'Connor (M. D. or other)
Address 1316 A n Grand Date signed Aug-1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7178

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for John F. Higgins died ~~born~~ 7-31-47, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 13 should read St. Louis Mo
Instead of Ireland

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 .....

Item No. ..... should read .....
Instead of .....

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

(SEAL)

Affiant Horrigan - Sheahan Und. Co
John J Sheahan
Relationship

4415 Washington Bl Pres
Present Address.

Subscribed and sworn to before me this 24 day of Sept., 1947

My Commission expires 3-4-49. Ella C Paddock Notary Public.

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

Form V. S. 135
50M—4-43
I X38667

5-25633