V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43127

Registrar's No. 11867

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

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: Missouri Pacific 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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4169 Shenandoah Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HIGGINS, PATRICK JOSEPH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Ellen Higgins

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

7. Birth date of deceased December 22, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	0	5	hr. min.

9. Birthplace I Ireland 11
(City, town, or county) (State or foreign country)

10. Usual occupation Missouri Pacific R. R. 1

11. Industry or business

FATHER
12. Name James Higgins
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Francis Higgins
(b) Address 4169 Shenandoah Ave.

17. (a) Burial (b) Date thereof 12-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) DEC 29 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 22 Nov 1947 to 27 Dec 1947
that I last saw him alive on 27 Dec 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: arterio sclerotic Disease c̄ congestive failure

Due to: arterio sclerosis

EMPYEMA - RT LUNG

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy Pt lower lobe empyema and begint condition

Duration: Sept 1940 years ?

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 0

23. Signature C. Harrison (M. D. ~~or other~~)

Address 609 No Grand Date signed 12-28

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1948

APR 1948

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 2201 S. Grand

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.