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27-39
X38871

State File No. _____

FILED JAN 10 1948
Registration District No. 277

Primary Registration District No. 3069

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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

3. (a) PRINT FULL NAME Susan C. Lanigan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 1, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business School Teacher

12. Name John Lanigan

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

14. Maiden name Mary E. McGriff

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

16. (a) Informant Vincent A. Lanigan

(b) Address 6406 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 7/48
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 1-5-48 (Date received local registrar)

(b) Beula J. Slipp (Registrar's signature)

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. 6022A Westminster Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1948 hour 6.04 minute P.M. M.

21. I hereby certify that I attended the deceased from June 36, January 3, 1948
that I last saw her alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Cardio Vascular disease with hypertension

Due to 93d

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

Major findings: Of operations no

Of autopsy No

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? ?

While at work? _____ (Specify type of place)

(b) Mechanical injury _____

23. Signature James E. Williams
Address 634 North Grand Date signed 1/5/48

Duration 1/2/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. J.P. Wade,
MO. Ther. Bldg.,
JE. 8620. 1-4 P.M.

OK

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..... *Alfred J. Brodeur*

Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiament Ave.,

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.