S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11082

FILED MAR 23 1948

Registration District No. 23

Primary Registration District No. 6076

Registrar's No. 691

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month 25 days (Specify whether years, months or days)
In this community: 1 month 25 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 6039 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? – (Yes or No)
If yes, name country: –

3. (a) PRINT FULL NAME: LANIGAN, Earl M. (Irl)
3. (b) If veteran, name war: WW-1
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: Marie
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: September 21 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	21	hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: City Fireman
11. Industry or business:
MOTHER FATHER
12. Name: Charles Richard Lanigan
13. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Mary Theresa Roedefer
15. Birthplace: Potosi, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hosp.
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.
19. (a) 3-15-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from January 16, 1948 to March 12, 1948; that I last saw him alive on March 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE CARDIOVASCULAR DISEASE	
Contributory cause: UREMIA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No Autopsy performed

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): None
(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) How did injury occur?
23. Signature: L.E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed: 3/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 195

MAR 26 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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.