

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24904

318

1003

State File No. 5975

Registrar's No. 5975

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u> | | 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEPAUL HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3648 ST. LOUIS AVE</u> 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> | | b. (Middle) <u>A</u> | | c. (Last) <u>LANIGAN SR.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3, 1951</u> | |
| 5. SEX <u>MALE</u> 0 | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> 2 | | 8. DATE OF BIRTH <u>9/10/1883</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEAMFITTER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u> 0 | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>RICHARD LANTGAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY FLANNIGAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>FLORENCE LANIGAN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY # <u>494-09-9960</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH LANIGAN 3906 LOUISIANA AVE</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Right Coronary Arteriosclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7-1-51</u> <u>7-7-51</u> <u>6-16-51</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>A/2 2/2</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>June 26, 1951</u> to <u>July 3, 1951</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>7:10 p.m.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Joseph Lanigan</u> | | (Degree or title) _____ | | 23b. ADDRESS <u>3906 Louisiana Ave</u> | | 23c. DATE SIGNED <u>7-5-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7/6/1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u> | |
| DATE REC'D BY LOCAL HEALTH DEPT. <u>JUL 5 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lanigan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u> | | | |

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 _____

working under my personal supervision.

Signed.....

Student Embalmer

Student Embalmer No.

Signed

John J. Laines

Licensed Embalmer No. *4808*

P. O. Address *St. Louis MO*

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.