

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35917

FILED NOV 8 1951

Registrar's No. 3566

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3070

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 Cannonbury Dr.		d. STREET ADDRESS (If rural, give location) 415 Cannonbury Dr.	

3. NAME OF DECEASED (Type or Print) a. (First) Francis	b. (Middle) A.	c. (Last) Lanigan	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30th 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4th 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John R. Lanigan	13b. MOTHER'S MAIDEN NAME Mary E. McGrath	14. NAME OF HUSBAND OR WIFE Nellie B. Regan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Nellie B. Lanigan	ADDRESS 415 Cannonbury
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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) Adenocarcinoma of primary bladder		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/30**, 1951, to **10/29**, 1951, that I last saw the deceased alive on **10/29**, 1951, and that death occurred at **6:35A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent O. Fish, M.D.	23b. ADDRESS 634 N. Grand Blvd	23c. DATE SIGNED 10/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 11-1-51	REGISTRAR'S SIGNATURE Hubert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER	ADDRESS 4228 So. Kingshighway
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard H. Stoverand

Licensed Embalmer No. 4007

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.