

STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

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

State File No. ....

FILED JUN 2, 4 1954  
XC 15850968  
SL # 156  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4453

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u> <u>8120</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. CITY OR TOWN <u>GRANITE CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>8</u>
c. LENGTH OF STAY in this place <u>54 Days</u>		e. STREET ADDRESS (If rural, give location) <u>2327 Grand</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>P.</u>	c. (Last) <u>COLLIGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-54</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-14-03</u>	9. AGE (In years; last birthday) <u>51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUDGET ANALYST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>APPLETON CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>PATRICK HENRY</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH P. DOOLING</u>	14. NAME OF HUSBAND OR WIFE <u>PHILOMENA COLLIGAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. <u>347039186</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSP. RECORDS, ST. LOUIS, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 MOS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SQUAMOUS CARCINOMA LEFT MAXILLARY ANTPREM</u>		
	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 <u>3-31-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>MASS LEFT ANTPREM COULD NOT BE COMPLETELY REMOVED</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>196X</u>

22. I hereby certify that I attended the deceased from 3-24 18 54, to 5-17, 19 54, that I last saw the deceased alive on 5-17-54, and that death occurred at 4:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>TOM L. JOHNSON, M.D.</u>	23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	23c. DATE SIGNED <u>5-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granite City, Ill.</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>MAY 18 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pieper Funeral Home, Granite City, Ill</u>
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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.....  
Signature of Student Embalmer

Signed..... *Paul A. Wachler*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.