

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31867**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 2222						
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 township) Shrewsbury				c. LENGTH OF STAY (in this place) 5 Yrs.		c. CITY OR TOWN Shrewsbury		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 7826 Murdoch Ave.				e. STREET ADDRESS (If rural, give location) 7826 Murdoch Ave.								
3. NAME OF DECEASED (Type or Print) FRANK			a. (First)		b. (Middle) V.		c. (Last) McGILLIGAN		4. DATE OF DEATH (Month) (Day) (Year) Sep. 23 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 11, 1895		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Ajax Corrugated Paper Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arena, Wisconsin			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas E. McGilligan				13b. MOTHER'S MAIDEN NAME Elizabeth Crowley			14. NAME OF HUSBAND OR WIFE Irene A. McGilligan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. 493-10-2002		17. INFORMANT'S SIGNATURE OR NAME Rodney McGilligan						ADDRESS 7826 Murdoch Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease								INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (b) Arteriosclerotic C-U Disease 6 yrs	
			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 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)			
						21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1949 to 9/23 , 1955, that I last saw the deceased alive on 9/21 , 1955 and that death occurred at 6:20 A.M. from the causes and on the date stated above.												
23a. SIGNATURE Thomas Cleef (Type or Print)				23b. ADDRESS 601 Humboldt Bldg				23c. DATE SIGNED 9/23/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Sep. 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. 9-25-55			REGISTRAR'S SIGNATURE Dubert R. Donha MD				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.					

S.G. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Richard W. Storr*.....

Licensed Embalmer No.....

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