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SL- 9993

JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 22 429

STATE FILE NUMBER 5775

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N GRAND ST. LOUIS MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>GRANITE CITY</b>		8/20 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>			Length of stay in 1b <b>27 DAYS</b>		d. STREET ADDRESS <b>2327 GRAND AVE.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>WALTER J COLLIGAN</b>				First	Middle	Last	4. DATE OF DEATH <b>6-19-57</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-5-92</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
						Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>HENRY COLLIGAN</b>				14. MOTHER'S MAIDEN NAME <b>HANNA DOOLING</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>333-03-0460</b>		17. INFORMANT Address <b>MISSOURI.</b> <b>VA HOSP. RECORDS, 915 N GRAND ST. LOUIS,</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>UNDIFFERENTIATED CARCINOMA OF THE THROAT WITH METASTASES TO LUNGS.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>148x</b>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>		20f. CITY, TOWN, OR LOCATION <b>MISSOURI</b>		COUNTY		STATE	
21. I attended the deceased from <b>5-23-57</b> to <b>6-19-57</b> and last saw <sup>him</sup> <b>live</b> on <b>6-19-57</b> Death occurred at <b>8:55 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>R.B. Sorkin R. B. Sorkin</b>				(Degree or title) <b>M. D.</b>		22b. ADDRESS <b>MISSOURI</b> <b>VA HOSP. 915 N GRAND. ST. LOUIS</b>		22c. DATE SIGNED <b>6-19-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>6-19-57</b>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>GRANITE CITY ILL.</b>			
24. FUNERAL DIRECTOR <b>HENRY PIEPER</b>				ADDRESS <b>GRANITE CITY ILL.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 21 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00 56 0  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

PROVIDED FOR

NO. 1000

STATE

DECEASED

DATE OF DEATH

3

AGE OF DECEASED

SEX

7-21-3

JUL 21 1891

AD

2-2-31

SEX

HAIR

REU

EMERALD, MISSOURI

COMPLEXION

PLACED IN

RECEIVED

STATEMENT BY LICENSED EMBALMER

OF THE STATE OF MISSOURI

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by NOT EMBALMED Student Embalmer No. ....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Henry J. Bejar

Licensed Embalmer No. ....

P. O. Address Quincy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.