

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30244

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1947

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maplewood 4544		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS Co. Hosp		Length of stay in 1b 12 DAYS	d. STREET ADDRESS 3535 COMMONWEALTH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) EDWARD First CORRIGAN Middle Last			4. DATE OF DEATH Month 8 Day 3 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1892	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Bldg-Const.	11. BIRTHPLACE (City and state or country) MOtoc-ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME DANIEL CORRIGAN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-14-5164	17. INFORMANT WM F. Renick, 6416 KATHARNELL CT ST. LOUIS-MO		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute tracheobronchitis - early bronchopneumonia focal intra-alveolar hemorrhage - DUE TO (b) Pulmonary Edema - Congestive Failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 72 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Post op Appendectomy, Acute Parotitis, Ulat.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ Month _____ Day _____ Year _____ 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-23-1957 to 8-3-1957 and last saw her alive on 8-3-1957 Death occurred at 1030 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) Joseph L. Magadon M.D.			22b. ADDRESS 601 S. BRENTWOOD		22c. DATE SIGNED 8/5/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 8-6-57	23c. NAME OF CEMETERY OR CREMATORY VAL HALL CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO	
24. FUNERAL DIRECTOR JAY B. SMITH - MAPLEWOOD MO		25. DATE RECD. BY LOCAL REG. 8/5/57		26. REGISTRAR'S SIGNATURE Herbert B. Donohue MD	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed J Allen Davis Jr

Licensed Embalmer No. 41

P. O. Address H L

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.