

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046796
State File No.

XC-6 685 617
Reg. 120,809
JAN 14 1959

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3450

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 222 DAYS	c. CITY OR TOWN ST. LOUIS, MO.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 3948 WASHINGTON AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN	b. (Middle) R.	c. (Last) LANIGAN	4. DATE OF DEATH (Month) (Day) (Year) 12-31-58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 11-3-09
9. AGE (In years last birthday) 49		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN J. LANIGAN		13b. MOTHER'S MAIDEN NAME BRILLA MC CALLY	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-11 490-01-6556	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laennec's Cirrhosis of Liver		5 yrs
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Chronic Pyelonephritis	
Conditions contributing to the death but not related to the disease or condition causing death.		Undetermined	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 581.1		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) VA.	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 5-23-58 , 19__, to 12-31 , 19 58 , and that death occurred at 8:35 a.m. , from the causes and on the date stated above.		

23a. SIGNATURE (Name, rank, or title) Acting Chf. Prof. Services Adele C Kemper M.D.	23b. ADDRESS VAH, JEFF. BRKS., MO.	23c. DATE SIGNED Dec 31-1958
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-3-1959	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
DATE REC'D BY LOCAL REG. 1-2-59		24d. LOCATION (City, town, or county) (State) St. Louis Missouri
REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nathan G. Donnelly 3840 Lindell Blvd.

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.....

Licensed Embalmer No. 4699

P. O. Address 384 1/2

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.