

Registration District No. 7971

Primary Registration District No.

10709

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town Saint Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1315 Dolman St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1939 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage Duration  
of the Brain, suffered when struck  
with fist of one, George Lindner, on  
Due to or about December 9, 1939, about  
6:30 P.M., in room at 1901a S.  
Due to Broadway, DURING FIGHT WITH

DECEASED  
Other conditions EXCUSABLE HOMICIDE  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Excusable Homicide  
(b) Date of occurrence December 9, 1939  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury et

23. Signature Joseph W. [Signature]  
Address Deputy [Signature] Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME ANDREW C. CARRIGAN 625  
3. (c) Social Security No. ----  
8. (b) If veteran, name war World War

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Carrigan 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 8, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 6 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Modoc, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Laborer

12. Name Dan Carrigan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cox  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Carrigan

(b) Address 1315 Dolman

17. (a) Burial (b) Date thereof Dec. 16, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jeff. Bks, Mo.

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) DEC 15 1939 (b) [Signature]  
(Date recorded local registrar) (Signature of Registrar)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Linus E. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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 this body is not embalmed, above space should be left blank.**