

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40002

State File No. _____

JAN 24 1942
7911

1003

Registrar's No. 9712

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
4 Little Sisters of Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-Months
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dennis J. Corrigan

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th.
year 1941 hour 3 minute a. M.

4. Sex M. Color or race W.

5. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Minnie Corrigan

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unk. Unk. 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 6, 1941 to Dec. 7th, 1941
that I last saw him alive on Dec. 7th, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70 Unk. Unk. hr. min.

Immediate cause of death Chronic Parenchymatous Nephritis

Due to _____

Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

Other conditions Arteriosclerosis; Hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN _____

11. Industry or business _____

12. Name Edward Corrigan

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

14. Maiden name Catherine Lannigan
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Corrigan

(b) Address 5851 Lotus Ave.

17. (a) Burial (b) Date thereof 12-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 8 1941 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Anthony A. Prebauer (M. D. or other) M.D.

Address 1525 a. Cass Ave. Date signed 12/8/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17
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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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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, fact should be so stated above.