

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 24 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **32129**
Registrar's No. **8032**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5235 Maffitt Ave. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5235 Maffitt Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel H. Ratigan
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
 year 1946 hour 6 minute _____ P. M.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____
 alive _____ years
7. Birth date of deceased: Nov. 23rd 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1946 to Sept 16 1946
 that I last saw him alive on Sept 16 1946
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death _____
Coronary thrombosis **Duration** 3 weeks
 Due to Hypertension Cardio Vase Renal disease (by history) **3 yrs.**

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Daniel Ratigan
13. Birthplace Ireland /
 (City, town, or county) (State or foreign country)
14. Maiden name Mary Doyle
15. Birthplace Ireland /
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose McGrath
(b) Address 5235 Maffitt Ave
17. (a) Burial (b) Date thereof 9-19-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) SEP 17 1946 (b) J. F. Bredet
 (Date received local registrar's certificate) (Registrar's signature)

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? _____
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
23. Signature D. J. Jideman (M. D. or other) M.D.
Address 4176 1/2 Street Car **Date signed** 9/17/46

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

MOTHER FATHER

