

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County CITY HOSPITAL 1
- (b) City or town ST. LOUIS
- (c) Name of hospital or institution:
CITY HOSPITAL
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 62 1/2

3. (a) PRINT FULL NAME MYRTLE CORCORAN8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex FEMALE5. Color or
race WHITE6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife
RICHARD L. CORCORAN6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased MAY
(Month)22 1885
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

54611

hr. min.

9. Birthplace EAST ST. LOUIS
(City, town, or county)ILL
(State or foreign country)10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name GEORGE BARRANGER13. Birthplace NEW ORLEANS LA
(City, town, or county) (State or foreign country)14. Maiden name LULU SIEMANS15. Birthplace ? KY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Richard Corcoran(b) Address 3717² EVANS17. (a) Burial (b) Date thereof 12/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cuba, Mo.18. (a) Signature of funeral director James Hollow(b) Address Cuba, Mo.19. (a) DEC 4 1939 (b) J. D. Brubaker
(Received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County 1
- (c) City or town ST. LOUIS 11
(If outside city or town limits, write "RURAL")
- (d) Street No. 3717² EVANS
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1939 hour 7 minute 20 AM.21. I hereby certify that I attended the deceased from
Nov. 12, 1939 to Dec. 3, 1939;
that I last saw her alive on Dec. 3, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Cervix

Duration

14 Mo.

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Syphilis

Major findings:

Of operations _____

Of autopsy As Above.

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) _____
- (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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. S. Hawker (M. D. or other)Address City Hospital. Date signed 12/3/39

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.....

John Pettey

Licensed Embalmer No. *3880*

P. O. Address.....

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.