

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

Rev. 5-17-39
Form 1 X-5011

28 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44682

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2300

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(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

3. (a) PRINT FULL NAME William J. Corcoran 67.6
 (b) If veteran, name war _____ (c) Social Security 0899
493-03-0249

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Helene Corcoran 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Oct. 25 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Chareffeur

11. Industry or business Kroger Grocery Baking Co.

MOTHER FATHER { 12. Name William Corcoran
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Sweeney
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William M. Corcoran
 (b) Address 2125a Cleveland Pl.

17. (a) Burial (b) Date thereof 1230-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Kriegshauser Mortuary
4228 So. Kingshighway
 (b) Address _____

19. (a) DEC 28 1939 (b) Registrar's signature W.R. May
(Date received local registrar) (Registrar's signature)

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. 2125a Cleveland Pl.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 25th
 year 1939 hour 5 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec. 25th
10:30 A.M., 1939, to Dec 25th 5 P.M., 1939,
 that I last saw him alive on Dec 25 at 2 P.M., 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary occlusion Duration Three

Due to Coronary sclerosis ?

Due to _____ ?

Other conditions 946
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy None
 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 J.P. Brennan M.D. (M. D. or other) _____
 Address 639 N. Grand Old Date signed 12/24/39

J.A. Brennan
Humboldt Blg.
1:30 to 4 P.M.

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.....

Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.