

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8145
Registrar's No. 312

Registration District No. 784 Primary Registration District No. 2nd

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Carrsville
(If outside city or town limits, write "RURAL")
(d) Street No. 3339 Herder Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CORCORAN, GENEVIEVE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife SO ERN CORCORAN 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased JUN 4 1934
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James O'Brien
13. Birthplace ENGland
(City, town, or county) (State or foreign country)
14. Maiden name May Ann Bignott
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Corcoran

(b) Address 3339 Herder Dr

17. (a) Burial (b) Date thereof 2/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Thomas J. Finney

(b) Address 1519 S Grand St

19. (a) FEB 9 1941 (b) D. R. Meyer, M.D.
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 41 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7/11, 1939, to 2/8, 1941;
that I last saw her alive on 2/8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tub.
Duration 4 yrs

Due to 13.18
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) 4 yrs

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) _____
(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 Andrew P. Hunkeler, M.D. (M. D. or other) 1
Address 607 NO. Grand Blvd. Date signed 2/8/41

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

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.

100-6-11-39 I 11311

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 Hutter

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.