

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

4640

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4039 Lincoln Ave.,
(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) _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 117
(d) Street No. 4039 Lincoln Ave., (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael J. Corcoran,

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Corcoran 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 19th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 29 _____ hr. _____ min.

9. Birthplace Maldon, New York (City, town, or county) (State or foreign country)

10. Usual occupation Mail man

11. Industry or business U. S. Government

12. Name William Corcoran 13. Birthplace Waterford, Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary McCarthy 15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ellen Corcoran (b) Address 4039 Lincoln Ave.,

17. (a) burial (b) Date thereof 5-21-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers, (b) Address 2849 North Euclid Ave.,

19. (a) MAY 10 1943 (Date received local registration) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1943 hour 5 minute 35P M.

21. I hereby certify that I attended the deceased from Feb 20th 1942 to May 18th 1943 that I last saw him alive on May 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerotic myocarditis Duration 3 years

Due to arteria sclerotic sclerosis 10 years

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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. F. Gallagher (M. D. or other) M.D.
Address 3903 Olive Date signed 5/19/43

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

MOTHER, FATHER

Dr. J. F. Gallagher
205 So. Skinker) residence

Fe Pa. 5347

3903 Olive Je. 5600) office

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 *Albert D. Mayfield*.....

Licensed Embalmer No. *3077*.....

P. O. Address *St. Louis, Missouri*.....

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.