S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10070

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2845

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vahle Manor Nursing Home 5004 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Cates Vahle Manor Nursing Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Katherine Corcoran
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife James Edward Corcoran
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April (Month) 25, (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	27	hr. min.

9. Birthplace Bedford, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Pullman Co.,
FATHER
12. Name James McDermott
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marguerite Martin
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Brereton
(b) Address 11 Country Side Lane, Kirkwood
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul, Minn
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 5: minute 00 A.M.

21. I hereby certify that I attended the deceased from 1946, 19, to 3-21, 1948
that I last saw her alive on 3-21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, labor	24 hrs
Due to Debility	
Due to Hemiplegia	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 C. D. Cassily (M. D. or other) M. D.
Address 4952 Maryland Date signed 3-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Gowinsky
4952 Maryland.
1 - 3 30 PM

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 J. E. McCullish

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.