

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 1003

State File No. 27606
7427
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
3639 Marceline Terrace
(d) Length of stay: _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Veronica Corcoran
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-05-6277

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 20 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 4 hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Tobo Shoe Co.

MOTHER FATHER

12. Name U. Owen Corcoran

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Roland

(b) Address 24 Old Westbury, Webster Groves

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Hehrl
(b) Address 3654 Gravois Ave.

19. (a) AUG 25 1948 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3639 Marceline Terrace
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 24
year 1948 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from 9-11-48
_____ 19____ to 7-19-48 19____;
that I last saw him alive on 7-19-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to glauc. Padder
Due to glauc. Padder
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

Duration _____
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? _____
(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. Breeseck (M. D. of Public Health)
Address 1065 So Grand Date signed 8/24/48

SEP 22 1958

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 Philip J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.