

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31684  
7814

State File No. ....

FILED SEP 20 1949

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>318</u>   |  | PRIMARY REG. DIST. NO. <u>1003</u>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>  |  | c. LENGTH OF STAY (In this place)<br><u>Life</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Overland</u>  |  | 46<br>90  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Deaconess Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>W.K. - Rt. 7 Box 592</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u>  |  | b. (Middle) <u>W.</u>   |  | c. (Last) <u>Corcoran</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9   6   49</u>                          |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   |  | 8. DATE OF BIRTH<br><u>Feb. 2, 1922</u>   |  |
| 9. AGE (In years last birthday)<br><u>27</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Machinist</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Aircraft</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis</u>                       |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>John W. Corcoran</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Eleanor Kelly</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Corcoran</u>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>91 1- 60-1</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mary Corcoran Rt 7 Box 592 Overland</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic necrosis of spinal cord region of 2nd + 3rd Cervical vertebra when caught in a door of the wheel-well while working on a airplane at the McClellan</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>aircraft corp. Lambert St. Louis</u>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>flying field around 2:30 pm</u>  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Aug 29 1949</u><br><u>accident</u>   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE OR HOMICIDE (Specify)<br><u>accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>factory</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St. Louis County, Mo.</u>  |  | 21. HOW DID INJURY OCCUR?<br><u>Ab.</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Aug 29 49 2:30 p.m.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above. |  |   |  |
| 22a. SIGNATURE<br><u>Catharine E. Taylor Cor. 7</u>   |  |   |  | 22b. ADDRESS<br><u>1300 Clark</u>  |  | 22c. DATE SIGNED<br><u>9-9-49</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>9)10)49</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>               |  |
| DATE REC'D BY LOCAL REG.<br><u>SEP 9 1949</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. B. Rasater</u>   |  | 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Collins Funeral Home 20123 St. Charles Rd.</u>  |  |   |  |

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.