

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42933

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis (No....., Ward)

File No.....
Registered No. 12731
St. Ward)

2. FULL NAME Peter Corcoran

(a) Residence. No. 4021 Westminster Pl. St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Corcoran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 7 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Corcoran

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Muelle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

14. INFORMANT Thomas E. Corcoran
(Address) 6520 Morganland Rd.

15. FILED DEC 30 1929 May E. Starke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9th, 1929 to Dec. 27th, 1929.
that I last saw him alive on Dec. 26th, 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
Stomach.
(duration) yrs. - mos. 18 ds.

CONTRIBUTORY (SECONDARY) HTN
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED HTN
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Pruett, M. D.

(Address) 6006 Virginia Ave.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Cemetery DATE OF BURIAL 12-30 1929

20. UNDERTAKER Friedshauser Undert Co ADDRESS 4228 Highway

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.

WRITE NAME, WITH SURNAME IN FULL, IN THIS SPACE IN PLAIN LETTERS

PARENTS
29
1
15
26

