

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

Do not use this space.

33788

1. PLACE OF DEATH

County..... Registration District No. 200
Township..... Primary Registration District No. 1002
City St. Louis, Missouri, No. 5222 Blow Street

File No.....
Registered No. 9088
St. Ward)

2. FULL NAME John Francis Corcoran

(a) Residence, No. 5222 Blow Street St., 2 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 Sadie Corcoran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Receiving Dep

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Wagner Electric)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY) 1

13. NAME (Unknown) Corcoran

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Sadie Corcoran (ADDRESS) 5222 Blow Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct. 14th, 1932

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Boulevard

20. FILED 10/13/32 19 1932 Max G. Starkloff Registrar.

2 / MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1932

22. I HEREBY CERTIFY That I attended deceased from No Physician in Attendance 19 1932

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

SHOCK + INJURIES
Branch pneumonia
fractured ribs
Struck by auto
2:30 PM 9/4/32, S. Grand 2nd
Other contributory causes of importance: (Pneumonia)
Accident 2:00

Name of operation..... Date of operation.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury 9/4/32

Where did injury occur? S. Grand 2nd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto
Nature of injury fractured ribs

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. W. Ferner, M.D.
Dep. Corcoran

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

