

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

41575

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** (No. **3926a**, **Blaine Ave**)

File No.
Registered No. **10819**
St. Ward)

2. FULL NAME **William Corcoran**

(a) Residence, No. **3926a Blaine Ave** St. **17** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Corcoran		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1864		
7. AGE YEARS 71	MONTHS 8	DAYS 10
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Shovel Co
	10. Date deceased last worked at this occupation (month and year) 6 yrs ago
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **County Cork, Ireland**

13. NAME **Michael Corcoran**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Ellen Mc Carthy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Michael Corcoran**
(ADDRESS) **3926a Blaine Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Church** DATE **12-23-35**

19. UNDERTAKER **Wm. J. Shanley Mortuaries**
(ADDRESS) **4104 Manchester**

20. FILED **DEC 22 1935** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-20**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Dec-18**, 19**35**, to **Dec-20**, 19**35**
I last saw him alive on **Dec-20**, 19**35** Death is said to have occurred on the date stated above, at **11 A. m.**
The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage Date of onset

Other contributory causes of importance:
myelogenous neoplasia of spleen

Name of operation **none** Date of
What test confirmed diagnosis? **autopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? **in**
(Specify city or town, county, and State)

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

Manner of injury
Nature of injury

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

(Signed) **J. J. Shy**, M. D.
(Address) **2500 S. Kingshighway**

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.

Mr. J. S. Sheets

2200 Commonwealth

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