

1938 JAN 6 1938

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

44436
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 2154
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Edward G. Corcoran
 (a) Residence, No. 529 Leonard Ave. St. Valley Park Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Veneta Corcoran
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-2
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 5 16 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 FATHER 13. NAME James Corcoran
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 17. INFORMANT Edward Corcoran
 (ADDRESS) Valley Park Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 1-2 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriepshauer Mortuary
4228 So. Kingshighway
 20. FILED JAN - 9 1938 D. N. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Accidental fall off scaffold
while painting a building
(fell about 30 Ft) Nov. 10, 1938
 Other contributory causes of importance:
Open fracture of L. Forearm, zygoma and left pubes. Gangrene of left arm. Nov 10, 1938
Diabetes mellitus 8 years.
 Name of operation _____ Date of _____
 What test confirmed diagnosis physical signs an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 11/10/38
 Where did injury occur? St. Louis, Mo. (county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Industry (building)
 Manner of injury Fell off broken scaffold.
 Nature of injury Multiple fractures
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Painting a building.
 (Signed) John O'Connell M. D.
 (Address) Coroner of St. Louis County, Mo.

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.

PLATE NO. 925
REG. NO. 12345
OF VOL. 123 (123456789)

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 *Edwin M. McArthur*

Licensed Embalmer No. *3024*

P. O. Address _____

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, above space should be left blank.