DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23735

AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6008

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1053 Hampton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Whole Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1053 Hampton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Bertha Corcoran 626

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late James Corcoran

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 20th (Day) 1864 (Year)

8. AGE: Years 74 Months 7 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Christian Lochbihler

13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER 14. Maiden name Magdalene Link

15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Mrs. Robert Bond

(b) Address 1053 Hampton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-39 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JUL 7 1939 (Date received local registrar) (b) J. P. Buechel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1939 hour 4:40 minute A.M. M.

21. I hereby certify that I attended the deceased from May 16, 19 33 to July 7, 19 39 that I last saw her alive on July 7, 19 39 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage several attacks past 6 yrs. Last attack one week duration.	
Due to Hypertension and aretrior sclerosis.	6 yrs.
Due to	
Other conditions Chronic myocarditis. (Include pregnancy within 3 months of death)	Several yrs.

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other) Date signed July 7 1939

Address

(Licensed Embalmer's Statement on Reverse Side)

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.

U. Club Bldg. 1-5

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 D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.