

12138

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 41684
Registrar's No. 10807

Registration District No. 1001 Primary Registration District No.

1. PLACE OF DEATH: 7003 JAN 12 1940
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution 16 Days
In this community years, months or days3. (a) PRINT FULL NAME Matthew Corcoran 626
8. (b) If veteran, name war. 8. (c) Social Security No.4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct. 28 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business City - St. Louis 0

12. Name John Corcoran 5
13. Birthplace Ireland (City, town, or county) (State or foreign country)14. Maiden name Margaret O'Reilly
15. Birthplace Ireland (City, town, or county) (State or foreign country)16. (a) Informant's own signature Kate Corcoran
(b) Address 1318 Dillon17. (a) Burial (b) Date thereof 12/19/39
(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Peter Shea
(b) Address 3029 Lafayette

19. (a) DEC 18 1939 (b) J. J. Bulech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 22
(d) Street No. 1318 Dillon
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17, year 1939 hour 12:05 minute A. M.
21. I hereby certify that I attended the deceased from December 2, 1939 to December 17, 1939 that I last saw him alive on December 17, 1939 and that death occurred on the date and hour stated above.Immediate cause of death Malnutrition Chronic Alcoholism
Due to
Due to 75
Other conditions (Include pregnancy within 3 months of death)Major findings: Of operations None Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically22. 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?While at work? (Specify type of place) (e) Means of injury
23. Signature J. J. Friedwald (M. D. or other) Address 1515 Lafayette, 12/19/39

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 *Grant J Owens*

Licensed Embalmer No. *2245*

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.