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S. No. 2
DOM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19498**
Registrar's No. **5739**

FILED JUL 3 1943 318

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 minutes**
In this community **4 minutes**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3949 Delmar Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Baby Corcoran**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Newborn**

6. (b) Name of husband or wife **Newborn** 6. (c) Age of husband or wife if alive **Newborn** years

7. Birth date of deceased **June 17, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. **3** min.

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

10. Usual occupation **Nil.**

11. Industry or business **Nil.**

MOTHER FATHER { 12. Name **Eugene Corcoran**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Sadie Cooper**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ann P. Morrison**
(b) Address **St. Louis City Hospital.**

17. (a) **Burial** (b) Date thereof **6 24 43**
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **J. W. White**
(b) Address **City Hospital**

19. (a) **JUN 25 1943** **J. F. Pedesch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17,**
year **1943** hour **2:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 17,**
17, 19**43,** to **June 17,** 19**43;**

that I last saw her alive on **June 17,** 19**43;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity** Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy **No autopsy**

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?

While at work _____ (Specify type of place) (c) Means of injury

23. Signature **J. F. Pedesch** (M. D. or other) **6/17/43**
Address **1515 Lafayette Avenue,** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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, fact should be so stated above.