

V. S. No. 2
 FORM-2-43
 Rev. 5-17-33
 I X3512

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29821

State File No.

Registrar's No.

8223

Registration District No. 318

Primary Registration District No. 1006

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5968 Drury Lane /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME CORNELIUS CORCORAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Cororan 6. (c) Age of husband or wife if alive 5-4 years

7. Birth date of deceased Jan. 29, 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>15</u>	<u>4</u> hr. <u>_____</u> min.

9. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Ella Cororan

(b) Address 5968 Drury Lane

17. (a) Burial (b) Date thereof Sept. 16, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge

19. (a) SEP 15 1943 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5968 Drury Lane
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
 year 1943 hour 10 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Feb.
1942 to 9-13- 1943
 that I last saw him alive on 9-13- 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial failure
Chronic Myocarditis
Coronary Atherosclerosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of 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)
 (e) Means of injury _____

23. Signature Rugh Haynes (M. D. or other) _____
 Address 3720 Washington Ave Date signed 9/16/43

2011

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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 *Frank H. Stewart*

Licensed Embalmer No. *2265*

P. O. Address *4600 York Bridge Rd*

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.