

Registration District No.

317

Primary Registration District No.

6076

Registrar's No.

2600

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Hugh D. McCorkle

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: July 7 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 14 hr. min.

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

10. Usual occupation Retired Lawyer

11. Industry or business _____

12. Name Samuel McCorkle

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

14. Maiden name Virginia Howard

15. Birthplace Terrell Tex
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie McCorkle

(b) Address Berkeley City, Mo.

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Blairman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland

19. (a) NOV 26 1943 (b) E. J. McBaran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 2nd
1943 to Nov 20th 1943
that I last saw him alive on Nov 15th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 5 yrs

Due to _____
Due to _____

Other conditions Chronic Hepatitis 3 yrs
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

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 Arnold H. Warner (M. D. or other) MD
Address 8900 S. D. Chap St Date signed 11/24/43

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

96
0

96

MOTHER FATHER

Duration
5 yrs
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.