V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39657

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11513

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:
ST. JOHNS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO. (b) County 17 6

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5353 MAFFITT AVE.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY CARROLL ~~COCORAN~~ Corcoran

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife J. LEO CORCORAN

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 1 (Month) - 4 (Day) - 1891 (Year)

8. AGE: Years 52 Months 11 Days 16 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PETER CARROLL
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name MARGARET McCARTY
15. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant J. LEO CORCORAN
(b) Address 5353 MAFFITT AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) DEC 22 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20
year 1943 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10/8/43, 19 to 12/20/43, 19;
that I last saw him alive on 12/19/43, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma sigmoid Primary in	6
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Fistulous tract between bladder & sigmoid
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 [signature] 0 (M. D. or other) MD
Address Humboldt Bldg Date signed 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.