

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39755

State File No. ....

NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u>	
c. LENGTH OF STAY (in this place) <u>2 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>St. Francis Hotel 6th &amp; Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>North Science St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Richard</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Corcoran</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 12 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR (Months) <u>0</u>	IF UNDER 24 HRS. (Hours) <u>0</u>	IF UNDER 1 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Surveying</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Us</u>
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13a. FATHER'S NAME <u>James Corcoran</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Lochbihler</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-10-6767</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Bond</u>	ADDRESS <u>Bowling Green, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SECONDARY-SENILE DEGENERATION</u>		<u>4 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>L. HEMIPLEGIA</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>		<u>4 mos.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1 Sept, 1952, to 12 Nov, 1952, that I last saw the deceased alive on 11 Nov, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Berthelosen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bowling Green, Mo.</u>	23c. DATE SIGNED <u>14 hrs 2</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-14-52</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Mull</u> ADDRESS <u>Bowling Green, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James C. Mudd*.....

Licensed Embalmer No. *4152*.....

P. O. Address *Banding Grove, Md.*.....

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.