

AUG 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 3824 Mc. Donald Ave.)St. 16 Ward.2. FULL NAME Samuel Cockley(a) Residence, No. 3824 Mc. Donald Ave. St. 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFPearl Cockley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 4th, 1901

7. AGE

35

YEARS

MONTHS

3

DAYS

-

IF LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sales Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Frigidaire Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas

FATHER

13. NAME Samuel Cockley

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania17. INFORMANT Pearl Cockley

(ADDRESS)

3824 Mc. Donald Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Grove

DATE

July-13-193619. UNDERTAKER Wheeler-Heldert

(ADDRESS)

2331 S. Broadway

20. FILED

JUL 13 1936J. H. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July- 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:24 A.M.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning,self administered.In garage in rear of residence.

Other contributory causes of importance:

SUICIDE.

Name of operation.....

Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury --, 19.....Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Garage. (In rear of home)Manner of injury Carbon Monoxide Poisoning.Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. H. Bredeck(Address) 3824 Mc. Donald Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

