

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.

REC'D AUG 7 1939

State File No. _____

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 1388

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Valley Park, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barbour Boat Co. Valley Park, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Valley Park, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Harry William Cochran 265

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

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

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2nd, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	4	29	hr. _____ min.
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9. Birthplace Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation Supertendent

11. Industry or business Barbour Boat Co.

12. Name Richard B. Cochran

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

14. Maiden name Ada June Whal

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

16. (a) Informant's own signature Sarah Cochran

(b) Address Adairville, Mo.

17. (a) Cremation (b) Date thereof 8-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crema.

18. (a) Signature of funeral director Louis H Bopp

(b) Address Kirkwood, Mo.

19. (a) AUG 2 1939 (b) F. P. Dunne
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1939 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 1st, 1939, to Aug 10th, 1939;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis

Due to Indigestion

Due to 95/100

Other conditions Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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?
Barbour Boat Co
(Specify type of place)

While at work? yes (e) Means of injury _____

23. Signature F. P. Dunne (M. D. or other)

Address Box 262 Valley Park, Mo Date signed 8/1/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.