

FILED MAY 8 1940

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

16136

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784  
 (b) Township..... Primary Registration District No. 117 Registered No. 697  
 (c) or City Webster Groves (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 7 yrs. 3 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

365 Katherine Belle Cochrine  
 (a) Residence, No. 170 East Kirkham Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Neuro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 3 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.   
 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) St. Louis County Hospital13. NAME Milton Cochrine14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport Ark.15. MAIDEN NAME Ruby Frankie Mitchell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tatawiley Miss.17. INFORMANT (ADDRESS) Ruby Cochrine  
170 E. Kirkham18. BURIAL, CREMATION, OR REMOVAL PLACE father's grave DATE 4-10 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Lewis  
Webster Groves20. FILED APR 10 1940 R. Meyer Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 194022. I HEREBY CERTIFY, That I attended deceased from 4/6 1940, to 4/7 1940I last saw her alive on 4/7 1940 Death is said to have occurred on the date stated above, at 3:50 a.m.

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

Cardiac Failure Date of onsetOther contributory causes of importance: 107aPronchitis - BronchitisName of operation no Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

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

Manner of injury noNature of injury no

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

If so, specify no(Signed) J. P. Reynolds M. D.(Address) Webster Groves, Mo.

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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~~ \_\_\_\_\_

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Lewis  
Licensed Embalmer No. 2027  
P. O. Address 22 Laurel Webster

**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.**