

S. No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9361**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2771**

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

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:
Missouri Pacific Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2/7/41-3/28/41**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **OSCAR JACKSON COCHRAN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **?**

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Kathryn Cochran (Bullock)**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **1881-4-11**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	17	hr. min.

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Conductor-Freight**

11. Industry or business **Gulf, Mobile & Ohio R. R. Co.**

MOTHER FATHER

12. Name **Andrew J. Cochran**

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

14. Maiden name **Martha A. Lang**

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

16. (a) Informant **Kathryn Cochran**

(b) Address **Jackson, Tenn.**

17. (a) **Removal** (b) Date thereof **3/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson, Tenn.**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. **MAR 28 1941** (Date received local Registrar) **J. W. Fredrick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State **Tennessee** (b) County **40 N.R.**

(c) City or town **Jackson**
(If outside city or town limits, write "RURAL")

(d) Street No **635 North Royal St**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1941** hour **8** minute **12** A.M.

21. I hereby certify that I attended the deceased from **Feb. 7th**, 1941, to **March 28**, 1941;
that I last saw him alive on **March 28**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**

Due to **myocarditis**

Due to **Hypertrophy of Prostate**

Due to **lacerations of arm, neck, & chest (attempt suicide)**

Other conditions **(Death due to natural causes)**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Hypertrophy of Prostate**

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) **(Attempted Suicide)**

(b) Date of occurrence **3-11-41**

(c) Where did injury occur? **St.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **J. E. Dwyer** (M. D. or other) **7/21**

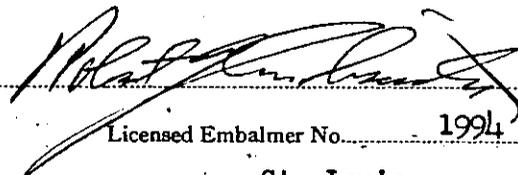
Address **Mo. Pac Hospital** Date signed **3/28/41**

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..... 1994

P. O. Address St. Louis.

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.