

134  
No. 2  
-1-4-41  
5-17-39  
I X2590

JAN 24 1942 **791**  
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 Days**  
(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 **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4471 Olive St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3**,  
year **1941** hour **11:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 16**, 19**41** to **December 3**, 19**41**;  
that I last saw him alive on **December 3**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic dementia**  
Duration **months**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **MA Carley** (M, D, or other) \_\_\_\_\_  
Address **1515 Lafayette Avenue** Date signed **12/3/41**

3. (a) PRINT FULL NAME **Lou Cochran**

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

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

6. (b) Name of husband or wife **Chas. Cochran** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 23rd, 1864**  
(Month) (Day) (Year)

8. AGE: . . . Years Months Days If less than one day  
**77** **8** **10** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Al Anderson**

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

14. Maiden name **Margaret Harrison**

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

16. (a) Informant **Mrs. John Cora**

(b) Address **4471 Olive St.**

17. (a) **Burial** (b) Date thereof **12-5-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **DEC 4 1941** (b) **Jack**  
(Date registered) (Registrar's signature)

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

17  
9

**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 *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4840 Lafayette*

**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.**