

FILED MAY 9 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3927**

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:
Foot of Doddridge Str./
(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)

3. (a) PRINT FULL NAME James William Cochran

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-14-3977

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

6. (b) Name of husband or wife Martha C. Cochran 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May 28, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>28</u>	hr. min.

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Car repairer

11. Industry or business Railroad

12. Name James W. Cochran

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Martha C. Cochran

(b) Address 5926 Prescott Ave.

17. (a) REMOVAL (b) Date thereof 4-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW FRANKLIN, MO.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) APR 27 1944 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 99
 (d) Street No. 5926 Prescott Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1944 hour 2 minute 30 P. M.

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

Immediate cause of death Asphyxiation from drowning Duration
When a Overboard boat which he
was operating, said boat being
lone equipped with life preserver
saw clear part of Doddridge St
about 2:30 PM April 26
1944

Other conditions 183-3
(Include pregnancy within 3 months of death)

Major findings: 36
 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) Accident 000

(b) Date of occurrence April 26 1944

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

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

While at work? no (Specify type of place) (g) Means of injury drowning

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 4/27/44

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 *Frank A. Moore*.....

Licensed Embalmer No. *3041*.....

P. O. Address *2117 E. Main*.....

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.