

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2099

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Glendale
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
916 Dwyer Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Several years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 916 Dwyer Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Sarah V. Cochran

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry W. Cochran

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

7. Birth date of deceased July 13 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 21
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael A. Dwyer

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

14. Maiden name McMurty

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

16. (a) Informant Richard Cochran

(b) Address 916 Dwyer Ave., Glendale, Mo.

17. (a) Cremation (b) Date thereof 10/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Memories

18. (a) Signature of funeral director Louis H. Bonn, Inc.

(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 10-5-48 (b) Cochran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1948 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from 2/10, 1945, to 12/4, 1948.
that I last saw her alive on 12/4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular renal disease
Duration 4 yr.

Due to _____

Due to 1310

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? _____

(Specify type of place) _____

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

23. Signature J. J. Steadly (M. D. or other) M.D.
Address 1047 Adams Date signed 10/5/48

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

MOTHER FATHER

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

Felix Demand

Licensed Embalmer No. *3034*

P. O. Address. *Winkwood 22 W*

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.