

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS**
 c. LENGTH OF STAY (In this place) **D.O.A.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Pacific Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **ST LOUIS**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **4000**
 d. STREET ADDRESS (If rural, give location) **HIGHWAY #0 1/2 MILE WEST OF JUNCTION OF NAT BRIDGE + HIGHWAY #40.**

3. NAME OF DECEASED
 (Type or Print) a. (First) **ALPHA** b. (Middle) **MARY** c. (Last) **COCHRAN**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 21, 1952

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **July 18 1904**

9. AGE (In years last birthday) **48**

If under 1 year: Months _____ Days _____
 If under 1 mth: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stenographer**

10b. KIND OF BUSINESS OR INDUSTRY **St. Louis Dairy Co.**

11. BIRTHPLACE (City and State or Foreign Country) **ST LOUIS MO**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **VINCENT FERGUSON**

13b. MOTHER'S MAIDEN NAME **IDA MANNING**

14. NAME OF HUSBAND OR WIFE **ROBT. L. COCHRAN DBC.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Clifford Brueggeman 7332 Murdoch Ave.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Phosphorus Poisoning: self administered at her sister's home at 7372 Murdoch Ave exact date and time unknown.**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
 DUE TO (b) _____
 DUE TO (c) **Suicide while suffering from temporary mental aberration**
 II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St Louis MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **E9718**

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Turner** (Degree or title) _____

23b. ADDRESS **1300 Clay**

23c. DATE SIGNED **12/23/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVED**

24b. DATE **12-24-52**

24c. NAME OF CEMETERY OR CREMATORY **OLK GROVE CREMATORY**

24d. LOCATION (City, town, or county) (State) **WELLS ST MO**

DATE REC'D BY LOCAL REG. **DEC 23 1952**

REGISTRAR'S SIGNATURE **J. Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Earl Hellemen Orland MO**

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

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Carl J. Hallenmaier*

Licensed Embalmer No. *3501*

P. O. Address *Bozeman 14 070.*

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.