

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37747
Registrar's No. 2430

FILED NOV 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2430</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights 7485</u>		d. STREET ADDRESS (If rural, give location) <u>1104 Yale Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Austin</u> c. (Last) <u>Cochran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 10 53</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/13/1883</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Adv Agency</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wm. A. Cochran Agy.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mound City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William A. Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Laura C. Herne</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Livingston Cochran</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-05-1137</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. A. Cochran 1104 Yale Ave.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Pyelonephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						?	
DUE TO (c) <u>Prostatic hypertrophy</u>						?	
II. OTHER SIGNIFICANT CONDITIONS! Conditions contributing to the death but not related to the disease or condition causing death.						<u>610X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>53</u> to <u>10-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>53</u> , and that death occurred at <u>7:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Victor J. M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Blvd</u>		23c. DATE SIGNED <u>10-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/12/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary 6633 Clayton Road</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ernest W. Spillars

Licensed Embalmer No. 14080

P. O. Address _____

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.