

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2667**  
Registrar's No. **0371**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPS HOSP.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> d. STREET ADDRESS (If rural, give location) <b>5327 RIDGE</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>VERA</b> b. (Middle) c. (Last) <b>COCHRAN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1-13-54</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>COLORED</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JULY 9, 1900</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>  <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>SPARTA, ILLINOIS</b>	
<b>13a. FATHER'S NAME</b> <b>WM. C. PATTERSON</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>LIDIA ISADORE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>14. NAME OF HUSBAND OR WIFE</b> <b>STEVE COCHRAN</b>	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Steve Cochran</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21f. HOW DID INJURY OCCUR?</b> <b>445X</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>UREMIA</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MALIGNANT HYPERTENSION</b>  DUE TO (c)			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 WKS</b>  <b>6 Mos.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>22. I hereby certify that I attended the deceased from Jan 4, 1954, to Jan 23, 1954, that I last saw the deceased alive on Jan 12, 1954, and that death occurred at 6:00 a.m., from the causes and on the date stated above.</b>		<b>23a. SIGNATURE</b> (Degree or title) <b>Chas. P. Farris, M.D.</b>	
<b>23b. ADDRESS</b> <b>2746 Franklin Ave</b>		<b>23c. DATE SIGNED</b> <b>JAN. 23, 1954</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>REMOVAL</b>		<b>24b. DATE</b> <b>1-14-54</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>—</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>DETROIT, MICHIGAN</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 14 1954</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>A.F. WALTON</b>	
<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith md</b>		<b>ADDRESS</b> <b>2707 STODDARD ST.</b>	

1 2 3 4 5 6 7 8 9 10

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.