

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6298

318

1003

Registrar's No.

1934

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 14 yrs. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer Phillips | | | | e. STREET ADDRESS (If rural, give location) 1520a Cora Avenue | | | | 21190 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mildred | | | b. (Middle) W. | | c. (Last) Cockrell | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Nov. 2, 1907 | | 9. AGE (In years last birthday) 48 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | | 11. BIRTHPLACE (City and State or Foreign Country) Paducah, Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |
| 13a. FATHER'S NAME John Wilson | | | 13b. MOTHER'S MAIDEN NAME Mary Jordan | | | 14. NAME OF HUSBAND OR WIFE George Cockrell | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | | 16. SOCIAL SECURITY NO. 488-18-8671 | | 17. INFORMANT'S SIGNATURE OR NAME Johnnie Wilson | | | ADDRESS 1520a Cora 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) Adenocarcinoma of colon with metastases | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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 5/25/51 , 19____, to 1/25/55 , 19____, that I last saw the deceased alive on 1/15/55 , 19____, and that death occurred at 4:50P m. Feb. 20, 1956 from the causes and on the date stated above. Expired at home | | | | | | | | | |
| 23a. SIGNATURE C. J. Vermillion, M.D. (Degree or title) M. D. | | | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 2/21, 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 2/24/56 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | |
| DATE REC'D BY LOCAL REG. FEB 23 1956 | | REGISTRAR'S SIGNATURE Charles J. Gates | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | | ADDRESS 4107 Finney | | | |

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Keilhard*.....

Licensed Embalmer No. 4221..

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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