

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045514

STATE FILE NUMBER

11593

FILED JAN 6 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 Lutheran Hospital		Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) 27 822 Zeiss ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle B. Last Cockrum			4. DATE OF DEATH Month November Day 30 Year 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 5, 1881		9. AGE (In years birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker - Retired		10b. KIND OF BUSINESS OR INDUSTRY American Car Co.		11. BIRTHPLACE (City and state or country) Ina, Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Stephen Cockrum			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louise L. Cockrum		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-01-0821		17. INFORMANT Address Mrs. Louise L. Cockrum 822 Zeiss ave, Lemay, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ulceration of Esophagus & extensive hemorrhage DUE TO (b) also gastric ulcer 539.1 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 76 hrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1-15-56 to 11-30-58 and last saw her alive on 11-30-58 Death occurred of 7:04 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bruce A. Reelins M.D.				22b. ADDRESS 752 Lemay Ferry Rd		22c. DATE SIGNED 12-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE December 3, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Rd. Lemay, Mo.	
24. FUNERAL DIRECTOR ADDRESS C. Hofmeister Mortuaries 7814 S. Broadway				25. DATE RECD. BY LOCAL REG. DEC 2 '58		26. REGISTRAR'S SIGNATURE Pearl Smith MA <i>m&B</i>	

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 *James C. Hoffmeister*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. Boulder*

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.