MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

62-012549
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3116

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Johns Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Saint Louis
c. CITY OR TOWN: Pasadena Hills
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4338 Cranford
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Mary Middle E. Last Cochran
4. DATE OF DEATH: Month March Day 21, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/27/1927
9. AGE (last birthday): 35 years
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Philip McDermott
13b. MOTHER'S MAIDEN NAME: Dorothy Gallagher
14. NAME OF HUSBAND OR WIFE: John R.Cochran
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr.John R.Cochran, 4338 Cranford 21 (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatitis, Acute, (Homologous Serum (jaundice)) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks (?)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 6726
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [X] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3-14-62 to 3-21-62 and last saw her alive on 3-20-62
Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Horner M.D. (Degree or title)
22b. ADDRESS 4401 Hampton
22c. DATE SIGNED 3-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/23/62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Saint Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS: CALVIN F.FEUTZ, 4828 Natural Bridge Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 22 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	24 0003		S
3			
4	1		
5	1		
6			
7	0		
8	1		
9			
10			
11			
12	74-0		
13			

BY AFFIDAVIT OF Brother-in-law Arthur Hernandez DOCUMENT Attached

Cancel - Hepatitis, Acute, (Homologous Serum (jaundice)) given for Brother-in-law Arthur Hernandez 1/15/62

74

Dr. Werner
4401 Hampton

12:30 to 5 today Thurs.

File in city

Hen 18118

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 Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St Louis MO

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.