MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18490

File No. 4838

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Lukes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Alexander G. Cochran

(a) Residence. No. 7 Westmoreland St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cochran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector Gen of

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Scottish Rite Bodies

9. BIRTHPLACE (CITY OR TOWN) Allegheny
(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER John Cochran

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ann Richardson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pitts.
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs Mary Cochran
(Address) #7 Westmoreland Pl.

15. FILED MAY 3 1928 Mar C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to May 1, 1928 that I last saw h. LAM. alive on May 1, 1928, and that death occurred, on the date stated above, at 9 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pyelonephrosis 12 20 12 26 h.

1920 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) stone in left ureter

(duration) 1 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 18

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Fischel, M. D

May 3, 1928 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine

DATE OF BURIAL May 4, 1928

20. UNDERTAKER A Kron Co

ADDRESS 7077 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD