

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

Do not use this space.

JUN 12 1937

791
1003

18480

5056

1. PLACE OF DEATH

County.....

Registration District No.....

Township St. Louis

Primary Registration District No. City Hospital No. 1

C 792

City.....

(No.)

St. Ward)

2. FULL NAME

Frank Cochran

(a) Residence, No.
(Usual place of abode)

Marquette Hotel, 25 Ward. 3

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

13. NAME John Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emma Snodgrass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp Info M. H. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 19, 1937

19. UNDERTAKER (ADDRESS) Wagner 3621 Olive St.

20. FILED MAY 19 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/37, 19

22. 4/17/37 I CERTIFY, That I attended deceased from 5/18/37, 19 to 5/18/37, 19

I last saw him live on 5/18/37, 19 Death is said to have occurred on the date stated above, at 8:03 a

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset

Other contributory causes of importance: Coronary artery disease

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Leg. Sealbold (Signed)....., M. D.

(Address) City Hospital No 1

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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