

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8747

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2230

1. PLACE OF DEATH:

(a) County Missouri-Pacific deep

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs Margaret Coekton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George DePew Cochran Deceased 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased June 25 1880
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 9 If less than one (ay) _____ hr. _____ min.

9. Birthplace Oak Ridge Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hand

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Garlton

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Martin

15. Birthplace Packoutas Mo.
(City, town, or county) (State or foreign country)

Lee G. Cochran

16. (a) Informant's own signature Margaret Cochran

(b) Address 29 E Wilson, Madison, Wisc.

17. (a) Burial (b) Date thereof March 6,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton at Concordia Lane

19. (a) MAR 5 1940 (b) J. B. [Signature]
Date received local registrar (Signature of embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5079 Waterman Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month MAR day 4
year 1940 hour 6 minute 50 PM.

21. I hereby certify that I attended the deceased from Feb. 18 1940 to Mar 4 1940
that I last saw her alive on Mar. 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 2 days

Due to Peritonitis 139 3 weeks

Due to Ruptured tubo-ovarian abscess 3 weeks

Other conditions unknown non-malignant

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Intestinal Obstruction
Tubo Ovarian Abscess (Ruptured)

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Blount Thompson (M. Death) _____
Address Missouri Pac Hosp Date signed 3/5/40

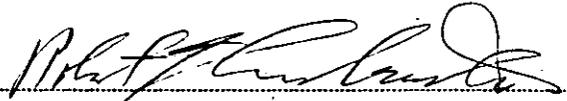
50M-5-17-39
Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

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~~.....

..... Robert J. Amburster....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994.....

Clayton, Missouri.

P. O. Address 6633 Clayton at Concordia Lane

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 this body is not embalmed, above space should be left blank.