

**FILED MAR 11 1943**  
Registration District No. **78**

Primary Registration District No. **101**

96  
32  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 3864a Shenandoah Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jane Cochran

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Henry Cochran

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 18th 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Odage County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name August Schuter

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

14. Maiden name Amelia Schmudde

15. Birthplace Berlin Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ward Cochran

(b) Address 3864a Shenandoah Ave.

17. (a) Burial (b) Date thereof 2-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) **FEB 24 1943** (b) C. B. McClary  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st  
year 1943 hour 9:05 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb. 18 1943 to Feb. 21 1943  
that I last saw her alive on Feb. 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Intestinal Obstruction

Due to Strangulated Hernia (Femoral) 10 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Robert A. Hall (M. D. or other) M.D.  
Address St. Louis County Hosp. signed 2-22-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Dr. Prestons*

*Dr. Prestons  
at Dr. Kerwin County Hosp  
1-3 Joseph Howard*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Edwin M. Kernatt*

Licensed Embalmer No. *3024*

P. O. Address.....

**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, fact should be so stated above.

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