S. No. 2
—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26546

State File No. 7747

FILED SEP 11 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

14

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3847 Finney ~~None Home~~ / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17

(c) City or town St. Louis 911 (If outside city or town limits, write "RURAL")

(d) Street No. 3847a Finney (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frederic Lionell Cochran

3. (b) If veteran, name war

3. (c) Social Security No. 7

4. Sex male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) 6 (Day) 1942 (Year)

8. AGE: Years | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country) 0

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Lee M. Cochran
13. Birthplace Miss (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Mary Colvert
15. Birthplace Miss (City, town, or county) (State or foreign country) /

16. (a) Informant Lee Cochran

(b) Address 3847a Finney

17. (a) Washington Pk (Burial, cremation, or removal) (b) Date thereof 8 (Month) 30 (Day) 43 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Gross

(b) Address 3704 Finney

19. (a) Aug 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1943 hour 10 minute 38 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19.... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M.D. or other)

Address Depot Grove Date, signed 8/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.