

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6416 Woodrow Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Mary Cochran
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Charles Cochran 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased April 10 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	6	26	hr. min.

9. Birthplace Appleton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Caton
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sydney Carroll
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gail Hamann
 (b) Address 6416 Woodrow

17. (a) Burial (b) Date thereof 11-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation El Dorado Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) NOV 8 1944 (b) E. J. McLaurin
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
 (d) Street No. 6416 Woodrow
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
 year 1944 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 23 1938 to Nov. 6 1944
 that I last saw her alive on Nov. 6 1944
 and that death occurred on the date and hour stated above

Immediate cause of death 3 Hypertension
Arteriosclerosis
of 30

Due to of 30
 Other conditions (Include pregnancy within 3 months of death)

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?

While at work? 2 (Specify type of place) (e) Means of injury
 Signature E. J. McLaurin
 Address 5049 Belmont Date signed Nov 6 1944

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.....

Licensed Embalmer No. *186*

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.