V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1945

State File No. 35134

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9871

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2-mons 6-days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 2500-Pomona Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hannah S. Cochran

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Arthur J

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

7. Birth date of deceased Nov. 11 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Amherst Junction (City, town, or county) Wisc. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Robert L. Cochran

(b) Address 2500-Pomona Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) NOV 14 1945 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1945 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 1, 1945, to Nov. 18, 1945; that I last saw her alive on Nov. 9, 1945, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cancer of Liver	1 mo.

Major findings: Of operations Cancer of Liver Operation Sept. 8-45

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) no

(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 Roy A. Walther D (M. D. or other)

Address 2438 Woodson Rd. Date signed 11-12-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.