

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2185

FILED MAR 18 1946 318

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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 St. Louis Richmond Hts
(If outside city or town limits, write "RURAL")
(d) Street No. 7111 Dale Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Marie Cochran

3. (b) If veteran, name war No

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 Frank Cochran, deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 22 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 12 hr. min.

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

10. Usual occupation Not employed

11. Industry or business _____

12. Name Edward Keener
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Schoenpflug
15. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Sid Keener
(b) Address 7109 Dale Avenue

17. (a) Burial (b) Date thereof 3-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc
(b) Address Clayton Rd. at Concordia Lane

19. (a) 1946 (b) J. F. Bradach
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1946 hour 11:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 15
1945 to March 4 1946
that I last saw her alive on March 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

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? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Robert Heyland (M. D. or other)
Address 3901a Park Ave. Date signed 3-5-46

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

1
7
9

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. 1994.....

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.