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5-17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH**

54610

State File No. 2063

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2063

**1. PLACE OF DEATH:**

(a) County St Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)  
In this community 35 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis 96  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1339 Belvue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cockrell, Marshall

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race Wh. 6. (a) Single, widowed, married, divorced 9 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 23 '56  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 8 10 hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Marshall Cockrell

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

14. Maiden name Rebecca Burns

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

16. (a) Informant George A. Cockrell

(b) Address 5201 N. Broadway

17. (a) Burial (b) Date thereof 10/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
2161 East Fair Ave

(b) Address 2161 East Fair Ave

19. (a) 10-4-46 (b) Ruth L. Leland  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 3rd  
year 1946 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 23rd 1946 to October 3rd 1946;  
that I last saw him alive on October 3rd 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus.  
Carcinoma of prostate.

Due to H60

Due to \_\_\_\_\_

Other conditions generalized arteriosclerosis  
(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 R. L. Smith Jr. (M. D. or other) \_\_\_\_\_

Address 601 Brintwood Clayton Date signed 10-8-46

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

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**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 *Richard G. Burnley*.....  
Licensed Embalmer No. *42030*.....

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.**