

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25541

FILED AUG 2 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1772

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		3. NAME OF DECEASED a. (First) <u>Mrs. Jennie</u> b. (Middle) <u>Munn</u> c. (Last) <u>Cockrell</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. 7520 Stanford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1949</u>	
d. STREET ADDRESS <u>7520 Stanford Ave/</u>			

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 17, 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>David Alexander Munn</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bothwell</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Cockrell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-14-0168</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marion Fisher, 7520 Stanford</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>JUNE 1949 to DEATH</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR UNDETERMINED DISEASE</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DIS.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		UNDETERMINED	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 1, 1949, to July 24, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 2:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas W. Parker</u>	(Degree or title) _____	23b. ADDRESS <u>St. Louis, Mo. 4660 Maryland</u>	23c. DATE SIGNED <u>26 July 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, '49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-26-49</u>	REGISTRAR'S SIGNATURE <u>Robert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6175 Delmar Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. ~~Thomas C. Birdsall~~ or  
Dr. Thomas W. Parker  
4660 Maryland Blvd.  
Ro. 0467  
Hrs. 2

AUG 1 1949

AUG 1 1949

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.