

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42836

State File No.

318

1003

11029

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____ 2050				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4-months		CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 310 North Skinker Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Katheryn		b. (Middle) _____		c. (Last) Cochrane		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1951		
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Nov. 17, 1890		
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 14		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secty. K. of C.			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Decatur, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas E. Cochrane			13b. MOTHER'S MAIDEN NAME Sarah Kirby			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 494-01-8789		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Rudy L. Gerdelman, 6121 Westminster Pl.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized metastatic Carcinoma ANTECEDENT CAUSES Carcinoma of the left uterus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION 10/5/51		19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of the left uterus					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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? 180X						
22. I hereby certify that I attended the deceased from Sept 15, 1951, to Dec 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert F. Hickey M.D.				23b. ADDRESS 634 So. Grand Ave St. Louis, Mo.		23c. DATE SIGNED 12/13/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. DEC 13 1951		REGISTRAR'S SIGNATURE Earl Smith		FEDERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.		

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.