S. No. 300
Rev. 10-48

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1952

State File No. 37235

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2127

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7320 Woodland Way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy (Pasadena Hills) ?
d. STREET ADDRESS (If rural, give location): 7320 Woodland Way 4171

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Lenore
c. (Last): Cochran

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8, 1917
9. AGE (In years last birthday): 35 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: James J. O'Connor
13b. MOTHER'S MAIDEN NAME: Mary Margaret Dorsey
14. NAME OF HUSBAND OR WIFE: Robert E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Robert E. Cochran — **ADDRESS**: 7320 Woodland Way

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma, overy left — INTERVAL BETWEEN ONSET AND DEATH: 11 Mon.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with metatasis thoughout abdomen, into thoracic spine

DUE TO (c) and into left cerebrum.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma plus metstasis
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1st, *to* Oct. 10th 52, *that I last saw the deceased alive on* Oct. 10th 19 52 *and that death occurred at* 2.05P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin J. Frorlich, M.D.
23b. ADDRESS: 3635 No. Newstead Ave.
23c. DATE SIGNED: 10/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 10-11-52
REGISTRAR'S SIGNATURE: Herbert R. Domke
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly — **ADDRESS**: 3840 Kendall

(Licensed Embalmer's Statement on Reverse Side)

Dr Frederick
3635 a Newstead
1-4 P

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 Wm S Salter

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.