

FILED JUN 5 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 19289

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4709

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5.	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 18 No. Meramec Ave. 447	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZA		b. (Middle)	c. (Last) COCKBURN.
4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Oct. 24, 1894.
9. AGE (In years last birthday) 58.	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..		10b. KIND OF BUSINESS OR INDUSTRY Housewife.	11. BIRTHPLACE (City and State or Foreign Country) Beith, Ayrshire Scotland.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Anderson.		13b. MOTHER'S MAIDEN NAME Eliza Galt.	14. NAME OF HUSBAND OR WIFE James Cockburn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE AND NAME ADDRESS James Cockburn, 18 No. Meramec.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic carcinoma of lung &amp; breast</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer Breast removed 1949.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X	
22. I hereby certify that I attended the deceased from <i>Mar. 2, 1948</i> , to <i>May 7, 1953</i> , that I last saw the deceased alive on <i>Mar 7, 1953</i> , and that death occurred at <i>2:00 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Deirdre J. ...</i>		23b. ADDRESS <i>634 N. ...</i>	23c. DATE SIGNED <i>5/18/53.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 5/11/53.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery.	24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road.
DATE REC'D BY LOCAL REG. MAY 8 1953	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons. 7233 Delmar Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

657.111

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 Clarence H. Murray

Licensed Embalmer No. 40110

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.