

STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1955

State File No.

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3691

I. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN University City d. STREET ADDRESS 1114 Backer Street

3. NAME OF DECEASED a. (First) Charles b. (Middle) E. c. (Last) Cochran 4. DATE OF DEATH 4 - 25 - 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH 12 - 23 - 1879 9. AGE 75

10a. USUAL OCCUPATION Physician 10b. KIND OF BUSINESS OR INDUSTRY Medicine 11. BIRTHPLACE St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Cochran 13b. MOTHER'S MAIDEN NAME Parthenia E. Jones 14. NAME OF HUSBAND OR WIFE Dolly M. Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dolly M. Cochran ADDRESS 1134 Backer

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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? 331X

22. I hereby certify that I attended the deceased from April 24, 1955, to April 25, 1955, that I last saw the deceased alive on April 24, 1955, and that death occurred at 4:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 4930 Lindell Blvd. 23c. DATE SIGNED 4/25/55

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 4/27/55 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. APR 26 1955 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert R. Johnson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.