

318 Primary Registration District No. 1003 Registrar's No. 3431

AMENDED

FILED APR 24 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>40 yrs.</i>	c. CITY OR TOWN <i>St. Louis, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hamilton Medical Center</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4328 DeTonty</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Dyer Edward Cochrum</i>			4. DATE OF DEATH Month Day Year <i>April 9, 1961</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 27, 1889</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days
					IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Public Service, Franklin Co. Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Cochrum</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Jeffers</i>		14. NAME OF HUSBAND OR WIFE <i>Esther Cochrum, 4328 DeTonty</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>			17. INFORMANT Address <i>Esther Cochrum, 4328 DeTonty Ave.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arterial Sclerosis</i> DUE TO (c) <i>Previous cerebral Hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH <i>7 Day</i> <i>5 years</i> <i>5 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331x</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>June 10, 58</i> to <i>April 61</i> and last saw him alive on <i>April 5-61</i> Death occurred at <i>10:50 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Scott Heuer M.D.</i>			22b. ADDRESS <i>6500 Chipperwa</i>		22c. DATE SIGNED <i>4/11-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 12, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home, 1167 Hamilton Ave.</i>		25. DATE REC'D. BY LOCAL REG. <i>APR 11 1961</i>	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>		

**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,

~~\_\_\_\_\_~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Heiting

Licensed Embalmer No. 4979

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.