WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

14326

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St. Louis Mo. St. Louis Ch. Hosp. 500 So. Kingshighway (No. ..... St. ..... Ward)

File No. .....

Registered No. 3662

**2. FULL NAME** George Harold Lockler

(a) Residence. No. 352 Garden Dr. St., 12 Ward. St. Louis County
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Child. |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6-1931

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 11 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Thomas Lockler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Lily May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

14. INFORMANT M. Kerlick
(Address) 500 So. Kingshighway

15. FILED APR 14 1932 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-13-32, 19..., to 4-13-, 1932 that I last saw him alive on 4-13-, 1932 and that death occurred, on the date stated above, at ..... P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngitis, Acute, Non-Diphtheritic

105 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 352 Garden Drive

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF 4/13/32

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Radams, M. D.

, 19 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Valhalla | 4/15 1932 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Cullen Kelly | 4/16 N. Taylor |