

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

Do not use this space.

22015

1. PLACE OF DEATH

County..... Registration District No. **7911**
 Township..... Primary Registration District No. **1003**
 City *Jay* (No. *Jewish Hosp*)..... St. Ward)

File No.
 Registered No. **5766**

2. FULL NAME

Locker, Jacob
 (a) Residence, No. *1421 Bloxston* St., *5* Ward. (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 *M.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Helila May Locker*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 6 1870*
 7. AGE YEARS *63* MONTHS *7* DAYS *2* If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unknown*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

FATHER
 13. NAME *Robert Locker*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER
 15. MAIDEN NAME *Lucy Pew*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Helila May Locker*
 (ADDRESS) *1421 Bloxston*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *June 11 1934*

19. UNDERTAKER *Mullen Bros*
 (ADDRESS) *4259 Lindell*

20. FILED *10* 19*34*
J. H. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-8 1934*

22. I HEREBY CERTIFY, That I attended deceased from *5-17 1934* to *6-8 1934*
 I last saw him alive on *6-8 1934* Death is said to have occurred on the date stated above, at *5:25* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset *Dec 1933*
1105

Other contributory causes of importance: *4/6*

Name of operation *Gastro-Enterotomy* Date of *6-6-34*
 What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....

(Signed) *P. D. Stahl*, M. D.
 (Address) *453 N. Taylor*

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.

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