JUN 26 1936

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

Do not use this space.

20615

File No. 184

Registered No.

1. PLACE OF DEATH

County St. Louis Registration District No. 790

Township Clayton Primary Registration District No. 6033a

City Clay on (No. St. Louis County Hospital St. Ward)

2. FULL NAME Shelby Locke

(a) Residence, No. 2538 Woodlawn, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Maplewood, Mo. 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)
m	W	child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 1935.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Maplewood, Mo.

FATHER

13. NAME O'Day Locke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville, Mo.

MOTHER

15. MAIDEN NAME Madge Naoma Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT O'Day Locke
(ADDRESS) 2538 Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakhill Cem. DATE 5/6/36 .19

19. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 3746 Manchester, Maplewood, Mo.

20. FILED May 5 1936 Dr. A. J. Sigwalli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/1936 .19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:45 PM

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

Organized blood clot almost occluding the entire left ventricle The organized blood clot was well wedged into the aortic orifice, causing complete shut off of the blood cycles thruout the outgoing stream or cystol cor movement. Pulmonary congestion of left lower lobe.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Whether accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? OVER
(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? .....
If so, specify .....

(Signed) Luke B. Thomas M.D. M. D.
(Address) 3748 Jennings, Ocl. Mo.

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.

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

Secondary; Occlusion of the aortic orifice.
Large organized clot, filling left ventricle, usually induced by some form of chest trauma. No evidence from history of samm or from examination or Post Mortem or Autopsy.