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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5398 Pershing Ave. 2 St. ..... Ward)

File No. 3828

Registered No. 865

96
80
1

2. FULL NAME Virginia L Lockart

(a) Residence, No. 5398 Pershing Ave. St., 12 Ward.
(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: Female

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 Harry G.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th. 1881

7. AGE: 55 YEARS | MONTHS: 7 | DAYS: 6 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Ill 2

FATHER

13. NAME P.D. Mifflin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

MOTHER

15. MAIDEN NAME Virginia Karns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Harry G Lockart 5398 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Cem DATE Jan 21st. 1936

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Und Co 4415 Washington Blvd.

20. FILED ..... 19 ..... J F Bredeck Registrar.

JAN 20 1937

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to Jan 18, 1937

I last saw her alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 3:40 PM m.

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

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | 4 years |
| 92 A | |
| Other contributory causes of importance: | |
| Chronic Bronchitis | 6 mo |

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

What test confirmed diagnosis Phys Ex 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) Solon Cameron M. D.

(Address) 508 N. Grand Blvd.

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD