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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. LOUIS (No. BARNES HOSP. St. ..... Ward)

File No. 18024

Registered No. 4600

2. FULL NAME Lawrence Blackman Hocker

(a) Residence, No. 2511 Wallace St., NR Ward. Overland Mo
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 14 - 1917

7. AGE: YEARS 19 | MONTHS ~~10~~ 9 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) MOOREHOUSE MO.

FATHER

13. NAME LUTHER B. HOCKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SUTHERLAND KY.

MOTHER

15. MAIDEN NAME MYRTLE TAYLOR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUFFINGTON MO.

17. INFORMANT (ADDRESS) FRED. T. HENDRIX 2511 WALLIS OVERLAND MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SIKESTON, MO. DATE 5 - 6 - 1937

19. UNDERTAKER (ADDRESS) BAUMANN BROS. INC. OVERLAND MO

20. FILED MAY 4 - 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 3 - 1937, to 5 - 4 - 1937

I last saw him alive on 5 - 4 - 1937 Death is said to have occurred on the date stated above, at 1257 a m.

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

	Date of onset
1) Rheumatic fever	1927
2) Rheumatic heart disease c̄ mitral and aortic valve disease.	1927
3) Bacterial endocarditis	unknown

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify

(Signed) FR Bradley, M. D.

(Address) BARNES HOSPITAL