

SEP 10 1937

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

Do not use this space.

29520

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No.

Primary Registration District No.

City Hospital No. 1

791
1003

File No.

Registered No.

8153

St. Ward)

C.6344

William Lockwood

2. FULL NAME

(a) Residence, No. No home St., X 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

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)

May 10, 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

74

3

2

OCCUPATION

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

nil

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, Missouri

MOTHER FATHER

13. NAME

Martin Lockwood

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

St. Louis, Missouri

15. MAIDEN NAME

? Deely

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

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington DATE 8-20 1937

19. UNDERTAKER (ADDRESS)

W. Richter 3500 S. Judson St.

20. FILED

AUG 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8/12/37

22. I HEREBY CERTIFY, That I attended deceased from

8/4/37

8/12/37

I last saw him live on 8/12/37, 19..... Death is said

to have occurred on the date stated above, at 2.05a.m.

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

Arteriosclerosis Heart Disease

Other contributory causes of importance:

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

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

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) P. P. Vetter, M. D.

(Address) City Hospital No. 1

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.

