

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

196  
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County .....  
 (b) Township .....  
 (c) City **St. Louis** (d) Street No. **5134 Maple** **Ave.** **St.**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**791 3**  
**1003 7**

Registered No. **52**

2. PRINT FULL NAME **Sadie Lockett 230**  
 (a) Residence, No. **5331 Cote Brilliant Ave. St. 6**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 **Joseph H. Lockett**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4th, 1866**  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**71 9 28**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as 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. 0**

FATHER 13. NAME **Martin Hines 5**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

MOTHER 15. MAIDEN NAME **Sarah Quinn**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Joseph H. Lockett 5331 Cote Brilliant Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethlehem Cemp** DATE **Jan. 5th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Drehrmann Naval 1905 Union Blvd.**

20. FILED **JAN 9 1938** **J. Predeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 2nd 1938**

22. I HEREBY CERTIFY That I attended deceased from **1-30** to **1-1-38**  
 I last saw her alive on **1-1-38**. Death is said to have occurred on the date stated above, at **1:30** A. M.  
 The principal cause of death and related causes of importance were as follows:

**Chronic Nephritis (nephroses) 1906**  
**131**  
 Other contributory causes of importance: **none**

Name of operation **none** Date of  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** Date of injury  
 Where did injury occur? **home** (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 **causative** I, M. D.  
 (Signed) **919 W. Taylor** (Address)

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.

999

No. 130  
930 - 1230

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Warren A. Carter  
Licensed Embalmer No. 3534

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**