

REC'D JUN 8 1939

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

19859

Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 300
(c) City Jefferson Barracks (d) Street No. West Hamp St.
Unkn. (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. of foreign birth? yrs. mos. ds.

Registered No. 9402. PRINT FULL NAME Walter Lockett

(a) Residence, No. 420 So. 2nd St. St. Louis, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruby Lockett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 10 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
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) Starkville, 1
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME Bill Lockett
14. BIRTHPLACE (CITY OR TOWN) - 1
(STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Ella Kregler
16. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Mississippi

17. INFORMANT M. DeBevoise
(ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE 5-27 1939

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home
(ADDRESS) 2820 Stoddard St.

20. FILED MAY 24 1939 R. Meyer M.D. D.D.P.H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19 1939, to May 21 1939

I last saw him alive on May 21 1939 Death is said to have occurred on the date stated above, at 12:25A m.

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

Myocarditis, chronic, with cardiac hypertrophy and relative mitral and aortic insufficiency.

Date of onset

Unkn.

Other contributory causes of importance:

Arteriosclerosis, generalized.Unkn.

Name of operation none Date of none
What test confirmed diagnosis? only clinical manif. and lab. 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?
If so, specify see physician
(Signed) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF, Jefferson Bks., Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by L. Boykin
....., Registered Apprentice No. Implied
working under my personal supervision.

Signed L. Boykin
.....
Licensed Embalmer No. 2946
P. O. Address St. Louis Mo

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.)

. If this body is not embalmed, above space should be left blank.