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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16123

FILED MAY 8 1940

Registration District No. 189

Primary Registration District No. 200

State File No. _____

Registrar's No. 714

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Robertson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robertson Missouri **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

8. (a) PRINT FULL NAME John Dockett **230**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minerva Dockett 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 1 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 6 _____ hr. _____ min.

9. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer **9**

11. Industry or business _____ **9**

12. Name Charlie Dockett **9**

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Myer

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minerva Dockett

(b) Address Robertson Missouri

17. (a) Burial (b) Date thereof 4-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. I. Garner

(b) Address 2829 Washington Ave.

19. (a) APR 12 1940 (Date received local registrar)
H. I. Garner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr. 7th
1940, to Apr. 7th, 1940
that I last saw him alive on Apr. 6th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis **1 hr. hour.**

Due to arteriosclerosis **1 yr.**

Due to _____

Other conditions arteriosclerosis **1 yr.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 94
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. T. ... (M. D. or other)
Address Pattonville, Mo. Date signed Apr. 12, 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur R. Heilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Decker

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.