

FILED OCT 12 1940

Registration District No. 1158 Primary Registration District No. 5206A Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town St. Thomas
(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. 59 yrs. years.

8. (a) PRINT FULL NAME Bernhard Lockmann

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Theresa Lockmann 6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased may 7 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Delbruck westphalen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name anton Lockmann

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

14. Maiden name Sont Anna

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

16. (a) Informant Sten Lockmann

(b) Address St. Thomas mo

17. (a) Burial (b) Date thereof oct 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Meta Mo.

18. (a) Signature of funeral director H H Strop
(b) Address Meta mo

19. (a) Sept 30 1940 (b) St. Thomas Mo
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th
year 1940 hour 5 o'clock minute 10 a.m.

21. I hereby certify that I attended the deceased from March the 10th, 1940, to September 29, 1940; that I last saw him alive on September the 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Bulbar Paralysis Duration _____

Due to Senility

Due to Atherosclerosis

Other conditions (include pregnancy within 3 months of death) SH

Major findings: Of operations _____

Of autopsy no autopsy

PHYSICIAN

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? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Herry E. Werner (M. D. or other) _____

Address St Thomas Mo Date signed Sept 29 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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