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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27009

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 6801

FILED SEP 17 1941

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1718

(d) Street No. 3507 Caroline St. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Clarence Dockery

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 357-09-5033

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 21 (Day) 1881 (Year)

8. AGE: Years 59 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business R. J. Brown Co.

FATHER
12. Name John Dockery
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Sadie Wilkinson
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Wm. A. Dockery
(b) Address 3507 Caroline St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG 21 1941 (Date received local registrar) (b) J. H. Biedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1941 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis right leg, Chronic Myocarditis; Chronic Nephritis when he slipped and sprained his ankle

Due to at the R. J. Brown Oil Co. at 1418 Wittenberg Ave., between 11:00 &

Due to 12:00 O'clock A.M., July 7, 1941.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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) Accident

(b) Date of occurrence July 7, 1941 000

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other) 3

Address Deputy Coroner Date signed 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Beasley

Licensed Embalmer No. 4202

P. O. Address.....

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, fact should be so stated above.