

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22924

FILED AUG 6 1942 791
Registration District No. 1942

Primary Registration District No. 1003

State File No. 6170
Registrar's No.

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:
St. John's 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: 000
(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4979 Lindenwood Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Marilyn Lockwood
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1942 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from..... 19 July 19 to..... 19 July 19
that I last saw h. aw alive on..... July 19 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased March 21, 1941
(Month) (Day) (Year)

Immediate cause of death.....
Acute Encephalitis
Not an Epidemic
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days / If less than one day
1 3 28 hr. min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy Acute Congestion
of brain & other organs

MOTHER FATHER { 11. Industry or business.....
12. Name Wm. Lockwood
13. Birthplace Pittsburg Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Meistrell
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Wm. Lockwood
(b) Address 4979 Lindenwood Ave.

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?.....

17. (a) Burial (b) Date thereof July 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Blvd.
19. (a) 21 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature P. J. Thomas (M. D. or other)
Address 520 S. Chipman Date signed July 21 1942

844 (Licensed Embalmer's Statement on Reverse Side)

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

Wm. A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

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.