V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8230

State File No.

FILED MAR 25 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2411

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ST. JOHNS HOSPITAL 0 (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 MO. (b) County 17 000

(c) City or town ST. LOUIS 9 5 (If outside city or town limits, write "RURAL")

(d) Street No. 6012 McPHERSON AVE. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES D. DOCKERY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER 2

6. (b) Name of husband or wife AGNES SCOTT DOCKERY

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1875 (Year)

8. AGE: Years 67 Months 11 Days 1 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation REAL ESTATE BUSINESS

11. Industry or business

FATHER
12. Name JOHN DOCKERY
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name MARGARET KENNEDY
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant JAMES D. DOCKERY Jr.

(b) Address 6012 McPHERSON AVE.

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

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 1943 (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12 year 1943 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 5-43, 19, to 3-12, 1943 that I last saw him alive on 3-12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Pharynx	8 mos
Due to	
Due to	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Hammond (M. D. or other) M. D.

Address 634 N. Grand Date signed 3/12/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Hammond
Pro Theatre Bldg

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.