V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8520

State File No.

FILED APR 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3061

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

1. PLACE OF DEATH:
(a) County ~~318 CEDAR~~
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead at Home Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 003 12 25 9
(c) City or town ST Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1619a Lucas Ave
(If rural, give location)
(e) Citizen of foreign country? — — (Yes or No)
If yes, name country — — 0

3. (a) PRINT FULL NAME Doctor Lockhart
3. (b) If veteran, name war — —
3. (c) Social Security No. —
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Lula Lockhart
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased UNK (Month) (Day) (Year)

8. AGE: Years ABT 60 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) LA (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Self
FATHER
12. Name James Lockhart
13. Birthplace (City, town, or county) LA (State or foreign country)
MOTHER
14. Maiden name UNK
15. Birthplace (City, town, or county) LA (State or foreign country)
16. (a) Informant Ella Turner
(b) Address 1619a Lucas Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director A. L. Beal Undt Co
(b) Address 2726 Lucas Ave
19. (a) MAR 31 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1943 hour 9:35 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 — Duration
Cirrhosis of the Liver;
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 Alfred Perry (M. D. or other)
Address Liberty Room Date signed 3/31/43

(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. Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Gayfield.

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.