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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11457

FILED APR 15 1943

Registration District No. 104

Primary Registration District No. 104

Registrar's No. 660

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: 806 Rowles Ave. Ferguson, Mo. (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:** 447

(a) State Oklahoma (b) County 34

(c) City or town Tulsa (If outside city or town limits, write "RURAL") 0

(d) Street No. 1519 N. Scheyene (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Gilbert Lincoln Lochhead

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Dorothy L. Lochhead

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January (Month) 23 (Day) 1877 (Year)

8. AGE: Years 66 Months 1 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Pipe Fitter

11. Industry or business Plumbing

FATHER
12. Name Alexander Lochhead
13. Birthplace ..... (City, town, or county) Scotland (State or foreign country) 4

MOTHER
14. Maiden name Esizabeth Russ
15. Birthplace ..... (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Dorothy L. Lochhead

(b) Address 1519 N. Scheyene, Tulsa, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43. (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Illinois.

18. (a) Signature of funeral director L. M. White

(b) Address 118 N. Florissant Rd. Ferguson, Mo.

19. (a) MAR 22 1943 (Date received by registrar) (b) Ell McGovern Mo (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17 year 1943 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 24th, 1942, to Mar 17, 1943; that I last saw him alive on Mar 16, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary oedema | 1 day |
| Due to: Hypertensive cardiac failure - chr nephritis | ? |
| Due to: arteriosclerosis & senility | |
| Other conditions (Include pregnancy within 3 months of death): Fractured hip - Poor result alignment - for 10 yrs | |
| 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 C. O. Hughes (M. D. or other)

Address Ferguson Mo Date signed 3/19/43

(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 L. M. Shute

Licensed Embalmer No. 3973

P. O. Address Ferguson, Mo

**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.**