

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16334

State File No.

5019

JUN 9 1943

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (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:
Stone Nursing Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 18 Months
 (Specify whether
 In this community..... Five Years
 years, months or days)

3. (a) PRINT FULL NAME James W. Lockett3. (b) If veteran, name war..... Civil War 3. (c) Social Security No..... None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife..... Pauline Achland 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased..... November 23 1848
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
94 6 8 ..hr. min.9. Birthplace..... Macon Georgia /
(City, town, or county) (State or foreign country)10. Usual occupation..... Retired broker

11. Industry or business.....

12. Name..... William Lockett13. Birthplace..... Macon Georgia /
(City, town, or county) (State or foreign country)14. Maiden name..... Frances Tinsley15. Birthplace..... Hopewell Georgia /
(City, town, or county) (State or foreign country)16. (a) Informant..... J. Von Papien(b) Address..... 401 McPherson Ave.17. (a) Cremation (b) Date thereof..... June 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Missouri Crematory18. (a) Signature of funeral director..... Wagoner Und. Co.(b) Address..... 3621 Olive St.19. (a) JUN 1 1943 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 4373 West Pine
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 31st
year..... 1943 hour..... 10:30 minute..... a M.21. I hereby certify that I attended the deceased from.....
June..... 1943, to..... May..... 1943
that I last saw him alive on..... 5-29..... 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocarditis - chronic.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?

While at work..... (Specify type of place)

(e) Means of injury.....

23. Signature..... John Guember (M. D. or other)..... MD
Address..... 1504 So Grand Date signed..... 5/31/43

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

Melvin J. Kemper

Licensed Embalmer No. *4052*

P. O. Address. *4005 Lexington*

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.