

ED JUL 24 1943

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mo. Baptist 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1234 Arch Tr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin Loker

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 5 minute A. M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lucy Loker

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

7. Birth date of deceased Sept. 21, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6 1943 to July 13 1943
that I last saw him alive on July 12 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 9 22 hr. _____ min.

Immediate cause of death Cor. Myocarditis

Due to Senility

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Hotel Owner

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Wm. N. Loker

13. Birthplace Md.
(City, town, or county) (State or foreign country)

14. Maiden name Annie ?

15. Birthplace Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Loker

(b) Address 6609 Vermont

17. (a) Burial (b) Date thereof 7-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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 _____

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL 17 1943 (b) St. Brudech
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Williamson (M. D. or other)

Address 6336 Clayton Road Date signed 7/14/43

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..... *H. C. Burgess*

Licensed Embalmer No. *4029*

P. O. Address. *Maplewood*

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.