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FILED JAN 3 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2886

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dockery, Katherine

3. (b) If veteran, name war None 3. (c) Social Security No. Nil

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife James Dockery 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased June 12 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name David Woodlock
13. Birthplace Ireland
14. Maiden name Katherine Brannon
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Estelle Mathews
(b) Address 1330 Hawthorne Ave.

17. (c) Burial Calvary Cemetery
(Burial, cremation, or removal) (b) Date thereof 12-23-43
(Month) (Day) (Year)

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (c) DEC 24 1943 (b) C. J. Mc Laron, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 43 hour 4:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-19-43 19____ to 12-21-43 19____
that I last saw h.er alive on 12-21-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Crownchymy 1 wk
Cardiac failure 1 wk
art scl heart dis. 5 yr?
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
Physician Pod
Underline the cause to which death should be charged statistically.

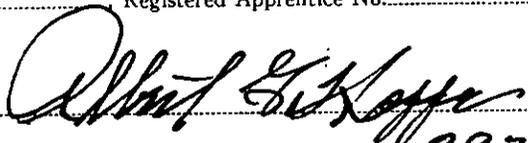
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed _____
While at work? _____ (Specify type of place)
(c) Means of injury _____

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..... .....

Licensed Embalmer No..... 2971.....

P. O. Address.....

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.