

FILED OCT 23 1944

Registration District No. 23

Primary Registration District No.

1003

Registrar's No.

8809

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph H. Lockett

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sadie Lockett  
6. (c) Age of husband or wife if alive Decd years  
7. Birth date of deceased June 15th. 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 28  
If less than one day hr. min.

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

10. Usual occupation Retired Locomotive Engine

11. Industry or business Rail Road

12. Name John Lockett

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

14. Maiden name Sarah Ann Hall

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

16. (a) Informant Thos. H. Lockett

(b) Address 3723 Oakmount Dr.

17. (a) Burial (b) Date thereof 10-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehelm Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) OCT 17 1944 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3723 Oakmount Dr.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th.  
year 1944 hour 5.50 minute A. M.

21. I hereby certify that I attended the deceased from Oct 12 - 1944 to Oct 16 - 1944  
that I last saw him alive on Oct 16 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Due to arteriosclerosis

Due to Prostatitis non-tubercular  
Other condition tuberculosis and non-malignant  
(Include pregnancy within 3 months of death)

Major findings: Of operations. non-malignant

Of autopsy non-malignant

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)

23. Signature Qawhite (M. D. or other) \_\_\_\_\_

Address 634 N. Grand Date signed 10/17/44

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

10  
17  
9

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed G. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl.

**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.