

S. No. 2
OM-2-43
v. 5-17-39
-1 X35697

21322

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

State File No. _____

BUREAU OF THE CENSUS
JUL 11 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1698

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1273 Purcell Ave.,
(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 Mo. (b) County St. Louis

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

(d) Street No. 1273 Purcell Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Pearl Violet Lockett.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 3.55 minute A.M. M.

4. Sex Female! 5. Color or race White

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

6. (b) Name of husband or wife George Lockett

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 19, 1875.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 25 June to 28 June, 1945

that I last saw her alive on 28 June, 1945 and that death occurred on the date and hour stated above.

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

<u>70</u>	<u>0</u>	<u>10</u>	hr. _____ min.
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Immediate cause of death: General Debility

Due to Carcinoma of Pelves - Probably bladder.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 550

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Emanuel Rosenthal

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

14. Maiden name Hattie Happner

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

16. (a) Informant Geo. F. Lockett

(b) Address 1273 Purcell Ave.,

17. (a) Burial (b) Date thereof July 2/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) III (b) E. H. McFarland
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 car

23. Signature Paul R. Whitener (M. D. or other) _____

Address 8423 Midland Date signed 29 June '45

(Licensed Embalmer's Statement on Reverse Side)

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

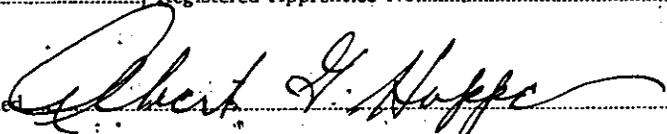
26
00

Dr. Paul R. Whitener
8923 Midland Ave.,
WI. 1248.
1-3- P.M.

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.