

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED MAR 30 1946  
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

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

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. 3637 Palm St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Elmer W. Lockman

3. (b) If veteran, name war No

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Lockman  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased January 10, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 2 13 hr. min.

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

10. Usual occupation Electrician

11. Industry or business City of St. Louis

MOTHER FATHER  
12. Name Frank Lockman  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Lockman  
(b) Address 3637 Palm St.

17. (a) Burial (b) Date thereof Mar. 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 25 1946 (Date received local registrar)  
J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd  
year 1946 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1946, to March 23, 1946  
that I last saw him alive on March 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarct Duration 12 hrs.  
Due to Carcinoma of Transverse Colon 14 yr.

Other conditions (Include pregnancy within 3 months of death) No  
Major findings: Of operations No  
Of autopsy.....

PHYSICIAN

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 Harold Schuff (M. D. or other) co  
Address 602 N. Grand Date signed 3/28/46

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

8-1  
Memorandum of Understanding

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**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 Ralph C. Linder

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

**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.**