. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18064

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1035

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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(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? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Fred Lockett.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pearl Lockett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 6, 1871.
(Month) (Day) (Year)
8. AGE: Years 74 Months 9 Days 5 If less than one day hr. min.
9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name James Lockett
13. Birthplace Unkown
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Emily Adams
15. Birthplace Unkown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Esther Johns
(b) Address 1273 Purcell Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/46.
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) 5-13-46 (Date received local registrar) (b) E. B. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 7.30 minute P.M. M.
21. I hereby certify that I attended the deceased from 25 April, 1946, to Death, 19..
that I last saw him alive on 29 April, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocardial failure	Minute
Due to Arteriosclerotic Heart disease	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
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? (Specify type of place)
While at work?
(e) Means of injury
Signature Paul R. Whitener (M. D. or other) M.D.
Address 8923 Midland, St. Louis (14) Mo. Date signed 13-May-1946

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul R. Whitener
8923 Midland Ave.,
Windfield 1248.

JUL 30 1946

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.....Alfred F. Boedeker

Licensed Embalmer No.....2663

P. O. Address.....1125 Hodiamont Ave.,

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.