

FILED DEC 24 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10514**

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:
5954 Cates 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 _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5954 Cates Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Dr. Arthur A. Dockery**

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

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Kiely Dockery** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 29, 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	55	11	7	_____ hr. _____ min.

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

10. Usual occupation **Optician**

11. Industry or business _____

MOTHER FATHER

12. Name **James Dockery**

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

14. Maiden name **Elizabeth Unknown**

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

16. (a) Informant **Mary Kiely Dockery**

(b) Address **5954 Cates Ave.**

17. (a) **Burial** (b) Date thereof **12-10-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindbergh Blvd**

19. (a) **DEC 9 1946** **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6th.**
 year **1946** hour **10** minute **40** P. M.

21. I hereby certify that I attended the deceased from **Aug. 10, 1946**
 _____, 19____, to **Dec. 6, 1946**, 19____;

that I last saw him alive on **Dec. 6, 1946**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilation**

Duration

Due to **Carcinoma, Squamous, Laryngo-Pharynx.**

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: **Biopsy, Carcinoma, Squamous Cell Type.**

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Louis J. Birman** (M. D. or other) _____

Address **634 N. Grand** Date signed **Dec. 6, 46**

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

W. J. Wimmer
634. 71. Street

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Lindell

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.