

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Barnes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **37 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **DOOLEY JAMES LOCKE**

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

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

6. (b) Name of husband or wife **Louise Locke** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Oct. 21st., 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	7	12	hr. min.

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

10. Usual occupation **Salesman**
11. Industry or business **Food Brokerage**

12. Name **George Locke**

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

14. Maiden name **Blanche Dooley**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Louise Locke**
(b) Address **5823 Cabanne Ave.**

17. (a) **Burial** (b) Date thereof **6-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salyary**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 4** (b) **J. F. Bradley**
(Date received local registrar) (Registrar's signature)

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. **5823 Cabanne**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3** year **1947** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased from **June 2, 1947** 19____ to **June 3, 1947** 19____
that I last saw him alive on **June 3, 1947** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute posterior myocardial infarction**
Duration _____

Due to **Arteriosclerotic heart disease**

Due to _____

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

Major findings: Of operations _____

Of autopsy **As above**

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) _____ (e) Means of injury _____

23. Signature **J. F. Bradley** (M. D. or other) _____
Address **Barnes Hospital** Date signed **6/3/47**

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

500
5 17 9 0

93a

PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 4 1943

FEB 21 1955

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 Rendell*

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.