

No. 300
-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6658**
1820
Registrar's No. _____

FILED MAR 4 1948
Registration District No. _____

Primary Registration District No. **1003**

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

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: **CITY HOSPITAL 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **MAY E (Lofqvist) Lockquist.**

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

4. Sex **FE** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **DIV 3**

6. (b) Name of husband or wife **JOHN LOCKQUIST** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT 25 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **LIVERPOOL, ENGLAND 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

MOTHER FATHER

12. Name **UNKNOWN PARREY 4**

13. Birthplace **ENGLAND 1**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN UNKNOWN 1**

15. Birthplace **UNKNOWN UNKNOWN 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Henry Fortel 7**

(b) Address **610 Barry St 7**

17. (a) **BURIAL** (b) Date thereof **FEB 24 '48**
(Burial, exhumation, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation **SS: Mattheus**

18. (a) Signature of funeral director **E. J. Schurer.**

(b) Address **3125 Lafayette av.**

19. (a) **FEB 24 1948** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **raw**
(c) City or town **ST. LOUIS 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1256 A. S. BROADWAY 9**
22 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1948** hour **11** minute **20 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **1st 2nd 3rd degree burn of 90% body with Regocaine** Duration _____
Went back to hospital for an X-ray
bone about 9:30 Mar Feb 17 1948

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **181**

Major findings: Of operations **15**
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) **Accident.**

(b) Date of occurrence **2-17-48**

(c) Where and injury occur? **H. Lane** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **Yes** (Specify type of place) Means of injury **Means of injury**

23. Signature **Alfred Varney** (M.D. or other) **2/24/48**
Address **1308 Clark** (State signed) **18**

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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 Ronald O Yalunde

Licensed Embalmer No. 3917

P. O. Address. OTL

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.