No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42057

FILED DEC 31 1948

Registration District No. 37-7

Primary Registration District No. 6076

Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: Pine Lawn, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6808 Myron Avenue
(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: Missouri (b) County: Saint Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No.: 6808 Myron Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Joseph F. Dockweiler
3. (b) If veteran, name war .....
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: Eloise L. Dockweiler nee Dillon
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: February 10th, 1884 (Month) (Day) (Year)

8. AGE: Years 64 | Months 10 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Brooklyn, New York (City, town, or county) (State or foreign country)
10. Usual occupation: Real Estate Broker
11. Industry or business: For Self

MOTHER FATHER
12. Name: Joseph Charles Dockweiler
13. Birthplace: Brooklyn, New York (City, town, or county) (State or foreign country)
14. Maiden name: Catherine E. Stokes
15. Birthplace: Brooklyn, New York (City, town, or county) (State or foreign country)

16. (a) Informant: Margaret Dockweiler
(b) Address: 6808 Myron Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Boulevard
19. (a) 12-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1948 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-13, 1940 to 12-16, 1948 that I last saw h. alive on 12-15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 months
Due to: Arteriosclerosis	1935
Due to: Chr Nephritis	1938
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of 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 —

23. Signature: Roy Johnson (M. D. or other)
Address: Ferguson MO Date signed 12/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

40 N. Florissant Road,
9-10 A. M. Friday,
Atwater 430
Res. 145 N. Clay - V. 7-0186
If no answer call AT. 543

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 John A. Mlenar

Licensed Embalmer No. 4186

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.