

FILED APR 5 1950
#83724

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10355

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2885**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <i>17 4029 Botanical</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>ELIZABETH</i> | b. (Middle) | c. (Last) <i>DOCKERY</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>March 24, 1950</i> |
|-------------------------------------|-----------------------------|-------------|--------------------------|--|

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|---|--|---|--|---|--|---|
| 5. SEX <i>female</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i> | 8. DATE OF BIRTH <i>May 16, 1869</i> | 9. AGE (In years last birthday) <i>80</i> | IF UNDER 1 YEAR Months <i>10</i> Days <i>8</i> | IF UNDER 24 HRS. Hours <i></i> Min. <i></i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>cook</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i> | 11. BIRTHPLACE (State or foreign country) <i>Ireland</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i> | | | |

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| 13a. FATHER'S NAME <i>Michael Mac Mahon</i> | 13b. MOTHER'S MAIDEN NAME <i>Mary Fitzgerald</i> | 14. NAME OF HUSBAND OR WIFE <i>John Dockery, deceased</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>490-05-1880</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mary Mac Mahon</i> | ADDRESS <i>4029 Botanical</i> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Parotitis, acute, bilateral</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Parotitis, acute, bilateral</i> ANTECEDENT CAUSES (b) <i>Senility</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>year</i> |
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|----------------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION <i>NO</i> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis, Mo.</i> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from *3/14/50*, 19*50*, to *3/24/50*, 19*50*, that I last saw the deceased alive on *3/24/50*, 19*50*, and that death occurred at *10:00 PM*, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE <i>Carrie A. ...</i> (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>1515 Lafayette Ave.,</i> | 23c. DATE SIGNED <i>3/25/50.</i> |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <i>3/27/50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery, St. Louis, Mo.</i> | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>WAR 27 1950</i> <i>J.B. ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Jos. A. Neward</i> | ADDRESS <i>1619 S. Grand</i> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Last memory of

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer ..

Signed.....

Licensed Embalmer No. 4600

P. O. Address St Charles 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.