

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29039

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2067</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JEFFERSON BARRACKS, MO.</u>)		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>3005 PINE STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>A.</u>		c. (Last) <u>LOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 26, 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE NEVER MARRIED</u>		8. DATE OF BIRTH <u>3-26-88</u>	
9. AGE (In years last birthday) <u>62 YR</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CARBONDALE, TENN.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>CLAY LOCK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TATE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION (ADAMS STOKES SYNDROME) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COMPLETE HEART BLOCK</u> ANTECEDENT CAUSES DUE TO (b) <u>SYPHILITIC HEART DISEASE</u> DUE TO (c) <u>TERTIARY LUES</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CENTRAL NERVOUS SYSTEM LUES</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-25-50</u> , 19 <u>50</u> , to <u>8-26-50</u> , and that death occurred at 10:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Metcalf, Jr. M.D.</u>				23b. ADDRESS <u>VAH JEFF. BRKS, MISSOURI</u>		23c. DATE SIGNED <u>8-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31 '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nat. Cemetery, Jeff. Brks.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Undertaking Co. 2732 Pine</u>			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clark Manning

Signed.....

Student Embalmer

Licensed Embalmer No.

33711

P. O. Address

St. Louis

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.