No. 300
10.48

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

Dockery.

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38419

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 1006 Registrar's No. 10012

1. PLACE OF DEATH
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5016 Enright Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 12 2129
d. STREET ADDRESS (If rural, give location): 5016 Enright Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Claire
c. (Last): Dockery

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1950

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: April 4, 1889
9. AGE (In years last birthday): 61 | If under 1 year: Months / Days | If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Dockery
13b. MOTHER'S MAIDEN NAME: Margaret Kennedy
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leo Dockery
ADDRESS: 5016 Enright Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ovarian Serous cyst Adeno carcinoma with metastases to lymph nodes. — INTERVAL BETWEEN ONSET AND DEATH: 14 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct., 1949
19b. MAJOR FINDINGS OF OPERATION: Ovarian Serous cyst Adeno-Carcinoma with implants on bladder, ileum and peritoneum
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 175X

22. *I hereby certify that I attended the deceased from* September, 1949, *to* Nov. 23, 1950, *that I last saw the deceased alive on* Nov. 23, 1950, *and that death occurred at* 2.40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clement J. Sullivan, 0
(Degree or title): M.D.
23b. ADDRESS: 4161 Lindell St. Louis Mo
23c. DATE SIGNED: Nov. 24, '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11-27-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 25 1950
REGISTRAR'S SIGNATURE: J. B. Fassler

25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly
ADDRESS: 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Jenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.