S. No. 300
10.48

FILED APR 9 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 10206

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2860

**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) 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4435 W. Bell

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2199
d. STREET ADDRESS (If rural, give location) 4435 W. Bell 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Earnest
b. (Middle) Charles
c. (Last) Hockaday

**4. DATE OF DEATH** (Month) (Day) (Year) March 25, 1951

**5. SEX** Male
**6. COLOR OR RACE** Col
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Aug. 3, 1892
**9. AGE** (In years last birthday) 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Clerk
**10b. KIND OF BUSINESS OR INDUSTRY** U. S. Post Office
**11. BIRTHPLACE** (State or foreign country) Martinsburg, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** Henry Hockaday
**13b. MOTHER'S MAIDEN NAME** Julia Soil
**14. NAME OF HUSBAND OR WIFE** Lee Oma Hockaday

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** Nil
**17. INFORMANT'S SIGNATURE OR NAME** Lee Oma Hockaday, 4435 W. Bell — ADDRESS

**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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mth

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 1 yr
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**
**19b. MAJOR FINDINGS OF OPERATION** 4-4-51
**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?**

22. *I hereby certify that I attended the deceased from* Jan 1, 1951, *to* Mar 25, 1951, *that I last saw the deceased alive on* Mar 25, 1951, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** W Albunge 0 (Degree or title) MD
**23b. ADDRESS** 2337 Market
**23c. DATE SIGNED** 3/27/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal 14
**24b. DATE** 3/28/51
**24c. NAME OF CEMETERY OR CREMATORY** Martinsburg Cemetery
**24d. LOCATION** (City, town, or county) Martinsburg, Missouri (State)

**DATE REC'D BY LOCAL REG.** MAR 27 1951
**REGISTRAR'S SIGNATURE** J. B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** R. M. C. Green, 3517 Laclede Avenue — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 3517 Laclede

Signed.....
Student Embalmer

**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.**