

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29032

3045

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>3045</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS 4007</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY, (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>			c. LENGTH OF STAY (in this place) <u>6 YRS</u>	d. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES 4587</u>			e. TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>480 W. LOCKWOOD AVE</u>				d. STREET ADDRESS (If rural, give location) <u>480 W. LOCKWOOD AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>POCOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 2 1951</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 5, 1890</u>		9. AGE (In years last birthday) <u>60</u>	10. UNDER 1 YEAR Months <u>8</u>	11. UNDER 1 WKS. Days <u>28</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COST</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRED POCOCK</u>		13b. MOTHER'S MAIDEN NAME <u>ALVINA GOLDSTEIN</u>		14. NAME OF HUSBAND OR WIFE <u>LILY POCOCK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-9217</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>John H POCOCK, JR. 480 W Lockwood</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> <u>arteriosclerosis 4201</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> <u>(Coronary occlusion also 10 yrs ago)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>1 week</u> <u>10 yrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Minute)		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>Sept</u> , 1941, to <u>Sept 2</u> , 1951, that I last saw the deceased alive on <u>Sept 2</u> , 1951, and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Victor Riess M.D.</u>				23b. ADDRESS <u>170 E Lockwood Webster Groves Mo</u>		23c. DATE SIGNED <u>Sept 3, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Groves, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-4-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Tomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McParker-Alldrich 7. Home Web. Groves Mo.</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Hoboken, New Jersey

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.