

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0486

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>0486</u>	
1. PLACE OF DEATH a. COUNTY				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 township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> <u>2249</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Anthony's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>24 3129 Texas Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>William</u>		c. (Last) <u>Dockstader</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 4, 1896</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John H. Dockstader</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Dockstader</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war in which served) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-1155</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Neville 4747 Ray Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or condition which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left femur</u>				7 days	
		PRECEDING CAUSES (b) <u>Malnutrition</u> (c) <u>Senility</u>				1 year	
		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				20. AUTOPSY? YES <input 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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 10 53 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home.</u>		<u>E9040</u>	
22. I hereby certify that I attended the deceased from <u>1-13</u> , 1953, to <u>1-15-53</u> , 1953, that I last saw the deceased alive on <u>1-15</u> , 1953, and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above. <u>21</u>							
23a. SIGNATURE (Degree or title) <u>Eugene H. Edle M.D.</u>				23b. ADDRESS <u>4971 Chippewa St.</u>		23c. DATE SIGNED <u>1-16-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mascoutch City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mascoutch, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>JAN 16 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D. with Bur. L. & H. C.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2929 S. Jefferson</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 *J. M. Davis*

Licensed Embalmer No. 3241

P. O. Address 292 1st Jefferson Ave

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.