

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3410**
Registrar's No. **0502**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) township) 8 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Inf. Infirmary		d. STREET ADDRESS (If rural, give location) 1258 Division 8	

3. NAME OF DECEASED (Type or Print) a. (First) Bennell	b. (Middle) G	c. (Last) Lockett	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14 1953
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 7-9-52
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) E. St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bennie Lockett	13b. MOTHER'S MAIDEN NAME Carrie Mae Davis	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Charles Livingston	ADDRESS 1258 Division
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis		
	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. Fatty Liver, Toxic Splenitis, Congestion in Spleen, Kidney, Lung		24 hours	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 343X

22. I hereby certify that I attended the deceased from **Jan. 13, 1953**, to **Jan. 14, 1953**, that I last saw the deceased alive on **Jan. 14, 1953**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE James L. Vanahor	(Degree or title) MD.	23b. ADDRESS 1325 So. Grand - St. Louis	23c. DATE SIGNED 1-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-16-53	24c. NAME OF CEMETERY OR CREMATORY Brooklinton	24d. LOCATION (City, town, or county) (State) Eastonville Ill.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 16 1953	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	ADDRESS 111 N. 13th St.
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(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

M. Frances Cook

Licensed Embalmer No. *4434*

P. O. Address. *3847 Page*

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.