

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11911**  
Registrar's No. **2874**

BIRTH NO. **11732** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>21 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>11 3646 Page Blvd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stanley</b>		b. (Middle) <b>Earl</b>		c. (Last) <b>Lockhart</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 14 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>NEGO</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Feb. 9, 1953</b>		9. AGE (In years last birthday) Months Days <b>0 1 5</b>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Herz Righ Lockhart</b>		13b. MOTHER'S MAIDEN NAME <b>Eda Mae Malone</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eather Lee Kealey</b>		ADDRESS <b>3646 Page</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Diarrhea</b>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5710</b>	
22. I hereby certify that I attended the deceased from <b>2-21</b> , 19 <b>53</b> , to <b>3-14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-14</b> , 19 <b>53</b> , and that death occurred at <b>1:10p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Herbert J. Fisher</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>3-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. Y. Nash</b>		ADDRESS <b>3847 Page</b>	
DATE REC'D BY LOCAL MAR 16 1953		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		3,00 (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2432

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.