

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16804
State File No.
4359
Registrar's No.

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 **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Bros. Hospital** e. STREET ADDRESS (If rural, give location) **3923 Minnesota Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **ERWIN** b. (Middle) **L.** c. (Last) **LOCKETT** 4. DATE OF DEATH (Month) (Day) (Year) **May 16 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Apr. 20, 1886** 9. AGE (in years last birthday) **69** 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) **Machinist-Champion Shoe Co.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Jefferson City, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Watkins Lockett** 13b. MOTHER'S MAIDEN NAME **Ella Perkins** 14. NAME OF HUSBAND OR WIFE **Minnie Lockett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Minnie Lockett** ADDRESS **3923 Minnesota Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **nephrosclerosis (renal failure)** INTERVAL BETWEEN ONSET AND DEATH **6 days.**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **arteriosclerosis. General**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **hypertension. Pneumonia** **6 days.**
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 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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **446X**

22. I hereby certify that I attended the deceased from **March 1955** to **May 16, 1955**, that I last saw the deceased alive on **May 16, 1955**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John J. Doherty M.D.** (Degree or title) 23b. ADDRESS **5203 Dupree** 23c. DATE SIGNED **5-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 20, 1955** 24c. NAME OF CEMETERY OR CREMATORY **S/S Peter & Paul Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAY 17 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

WRITE PLAINLY—USING UNFADEING 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 GEORGE W. KRIEGSHAUSER JR., Student Embalmer No. 514, working under my personal supervision..

Student George W. Kriegshauser Jr.
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 428

P. O. Address 4220 Du King

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.