

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46772  
STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3331

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRECKENRIDGE HILLS</b>		c. CITY OR TOWN <b>BRECKENRIDGE HILLS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3110 SIMS</b>		d. STREET ADDRESS <b>3110 SIMS</b>	
Length of stay in 1b <b>21 YRS</b>		(If outside, give location) <b>#2310</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>HERMAN XERXES LOCKE</b>			4. DATE OF DEATH <b>12-30-57</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 23</b>	9. AGE (In years) <b>34</b>	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED DISPATCHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SERVICES</b>	11. BIRTHPLACE (City and state or country) <b>LASALLE, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13. FATHER'S NAME <b>AUGUST A LOCKE</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>NINA LOCKE</b>	Address <b>3110 SIMS</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Primary - Carcinoma of Prostate</b>		<b>2 yrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>		<b>5 yrs.</b>	
DUE TO (c) <b>197X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Natural Causes</b>		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from <b>June 1-52</b> to <b>date Dec 30-57</b> and last saw her alive on <b>Apr 15-57</b>		
Death occurred at <b>11 P.M. 12/30/57</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Seetha Neer M D</b>	22b. ADDRESS <b>634 N Grand</b>	22c. DATE SIGNED <b>12/31/57</b>

23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-2-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT LEBANON</b>	23d. LOCATION (City, town, or county) (State) <b>STANN MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>EARL HILLMAN 9709 HACKLAND RD</b>		25. DATE RECD. BY LOCAL REG. <b>12-31-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R Donohoe MD</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Services  
S. 300  
1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Smith  
2 25  
5 1/2

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 350

P. O. Address.....  
Oreland

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.