

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041983

STATE FILE NUMBER

318

1003

11406

FILED DEC 9 1958

Registration District No.

Primary Registration District No.

Register

300
1-57

ALL diseases in Part I must be causally related.
 CLEARED THROUGH THE CORONERS OFFICE BY DR. V. A. CODIGA.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VETS ADMIN HOSPITAL		Length of stay in 1b 5 MINUTES 159	d. STREET ADDRESS 903 AUBERT
3. NAME OF DECEASED (Type or print) First TURNER Middle Last MOCKABEE		4. DATE OF DEATH Month NOV Day 24 Year 1958	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/16/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) EVANSVILLE, INDIANA
13a. FATHER'S NAME JOSEPH MOCKABEE		13b. MOTHER'S MAIDEN NAME EMMA ?	14. NAME OF HUSBAND OR WIFE JESSIE MOCKABEE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, YES; unknown, ?) (If yes, give date of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATORY FAILURE DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 15 MIN. 4 HOURS. UNKNOWN
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. attended the deceased from 11/24/58 to 11/24/58 and last saw him alive on 11/24/58		Death occurred at 9:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) V. A. Codiga V. A. CODIGA M.D. c		22b. ADDRESS 915 N GRAND ST LOUIS, MO	22c. DATE SIGNED 11/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-1-58	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI
24. FUNERAL DIRECTOR ADDRESS ELLIS FUNERAL HOME 2820STODDARD ST.		25. DATE RECD. BY LOCAL REG. NOV 26 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MO MB

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

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.