

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019391

STATE FILING NUMBER 24729  
REGISTRATION NO.

Registration District No. Primary Registration District No.

FILED JUN 1 1959

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before  
a. STATE **Missouri.** b. COUNTY ~~St. Louis~~

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Inside Limits Yes  No

c. CITY OR TOWN ~~St. Louis~~, **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.** Length of stay in 1b **1 Mo-1** da.

d. STREET ADDRESS (If outside, give location) **Worth Hosp. 3431 Pine** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**Mattie Lockhart**

4. DATE OF DEATH Month Day Year  
**May 9 1959**

5. SEX **Female** 3

6. COLOR OR RACE **Col.** 3

7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH **4-6-1901**

9. AGE (In years last birthday) **58** FUNDING YEAR Months Days Hours Min. **11 23**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and state or country) **Ark.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **? Whiteside**

13b. MOTHER'S MAIDEN NAME **Ada King.**

14. NAME OF HUSBAND OR WIFE **Langor Lockhart**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **?**

17. INFORMANT Address **Richard Hughes 2816 Easton Avenue.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Meningitis**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_ **CO 2 X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Pulmonary Tbc. - Inactive - 1 mo.**

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **NO**

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 **April 8, 1959.** to **May 9, 1959.** and last saw her/him alive on **May 9, 1959.**  
Death occurred at **5:00 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John W. Beckham, M.D.**

22b. ADDRESS **5800 Arsenal**

22c. DATE SIGNED **5/9/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **5/18/59**

23c. NAME OF CEMETERY OR CREMATORY **Father Dickson**

23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Ellis Funeral Home 2820 Stoddard St.**

25. DATE RECD. BY LOCAL REG. **MAY 15 '59**

26. REGISTERING PHYSICIAN'S SIGNATURE **John W. Beckham**

All diseases in Part I must be causally related. **Mrs. Belle C. Ate.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Parker

Licensed Embalmer No. 4198

P. O. Address .....

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.