

JAN 24 1942 791  
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9678

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
13505 on Grand ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3505 N Grand ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Dockins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-18-9986

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willie Dockins

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct 13 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Verona Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name Jim Dockins

13. Birthplace Verona Miss  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Dockins

(b) Address 2311 1/2 Pine St

17. (a) \_\_\_\_\_ (b) Date thereof 12 8 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Miss

18. (a) Signature of funeral director A.F. Walton

(b) Address 2707 Grand St

19. (a) DEC 7 1941  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30<sup>th</sup>  
year 1941 hour 1:00 minute AM

21. I hereby certify that I attended the deceased from Nov 24<sup>th</sup>  
to Nov 30<sup>th</sup> 1941  
that I last saw him alive on Nov 24<sup>th</sup> and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion

Due to Stomach Poison  
by food

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 17 13  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. Harris (M. D. \_\_\_\_\_)  
Address 3425 N Grand Date signed 12/1/41

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

00  
179

9678  
800  
V O 17  
19

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

FEB 6 1942

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Arthur L. Schleich

Licensed Embalmer No. 26494 Delm

P. O. Address # 4221

**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.**