

FILED NOV 16 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9348**

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

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:
1312 St. Louis 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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 7

(d) Street No. 1312 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman H. Lockner

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Lockner

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 11 19 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>69</u>	<u>11</u>	<u>18</u>
				hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - retired

11. Industry or business _____

12. Name Charles Lockner

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Emma Lockner

(b) Address 1312 St. Louis Ave.

17. (a) Burial (b) Date thereof 11-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Cemetery

18. (a) Signature of funeral director Hy. Laidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 9 1942 (b) J. F. Bredenk
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th.
year 1942 hour 10:00 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct. 15
1942 to Nov. 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to Chronic Nephritis 3 yrs

Due to Arteriosclerosis 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131 121

Of operations _____

Of autopsy _____

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

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)

_____ years of injury _____

23. Signature Allen H. Roe (M. D. or other) M.D.

Address 2712 a St. Louis Date signed 11/9/42

Dr. Roum - 14th St.
2712nd St. N. W. - Ce 215-8
1-3

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 John P. Reichholz
Licensed Embalmer No. 1674
P. O. Address 2723 St Louis Ave

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.