

FILED NOV 23 1942

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **9353**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days**  
In this community **Life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis,**  
**1412 Papin** (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME

**Ralph Lockett**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **M** 5. Color or race **Cal** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **8-14-14** **28** **1942**  
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day  
**28** **11** **9** hr. min.

9. Birthplace **St. Louis** **MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER  
12. Name **Magazine Broun**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maggie Lockett**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Magazine Broun**  
(b) Address **1412 Papin St**

17. (a) (Burial, cremation, or removal) (b) Date thereof **11-9-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson Cem**

18. (a) Signature of funeral director **John W. Hempfl**

(b) Address **1047 1/2 So. Filson**

19. (a) **1942** (b) **J. D. Briedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **7,**  
year **1942** hour **5** minute **20 A. M.**

21. I hereby certify that I attended the deceased from **October 29,** 19**42** to **November 7,** 19**42**; that I last saw **him** alive on **November 7,** 19**42**; and that death occurred on the date and hour stated above.

Immediate cause of death **Prob. Congenital Anomaly of heart**

Duration **2 mos.**

Due to .....

Due to **158**

Other conditions (include pregnancy within 3 months of death) .....

Major findings: 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) (e) Means of injury .....

23. Signature **J. R. Baxer** (M. D. number) **0**

Address **2601 Wheeler** Date signed **11/9/42**

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

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**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.

*Not embalmed*

Signed.....

*John M. Kempf, Jr.*

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.**