

No. 2  
-12-45  
-5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6721

State File No. \_\_\_\_\_  
Registrar's No. 1184

FILED FEB 17 1947  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None 4833 Calvin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community NONE \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME MARY E. MOCKLER  
3. (b) If veteran, No. \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. None.

4. Sex Female race White  
5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife WILLIAM  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 11, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 ~~74~~ 5 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework.

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

MOTHER FATHER  
12. Name Alex Cummings.  
13. Birthplace Scotland.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bradley.  
15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bice  
(b) Address 4833 Calvin.

17. (a) Burial Calvary Cemetery.  
(Burial, cremation, or removal) (b) Date thereof Feb. 5, 1947  
(Month) (Day) (Year)

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 5389 Union Blv

19. (a) FEB 4 1947  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4833 Calvin.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 1st  
year 1947 hour 8:00 minute P M.  
21. I hereby certify that I attended the deceased from April 18, 1943, to Feb. 1, 1947  
that I last saw h. or alive on Feb. 1, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, cardiac vascular disease  
and cardiac failure  
Duration Several years.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Senility  
(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) Means of injury \_\_\_\_\_  
23. Signature John V. Little (M. D. or other) \_\_\_\_\_  
Address 4703 Center Ave St. Louis Date signed 2-4-47

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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.

Signed

*Rex Campbell*

Licensed Embalmer No. 3881

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.**