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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38040

Registrar's No. 10010

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: Deaconess Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Riverview Gardens (If outside city or town limits, write "RURAL")

(d) Street No. 9734 Diamond Dr. (If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James F. Dockery Jr.

3. (b) If veteran, name war — — — —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Florence Dockery

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. (Month) 6 (Day) 1888 (Year)

8. AGE: Years 60 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business

FATHER
12. Name James F. Dockery Sr.
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mamie Sullivan
15. Birthplace Warrington (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Florence Dockery

(b) Address 9734 Diamond Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Hallo Ferry Rd

19. (a) Nov 18 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-23, 1948, to 11-16, 1948 that I last saw him alive on 11-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis about one hour after surgery

Due to Removal of rectum with surgery

Due to Carcinoma

Duration 20 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Metastatic in liver & carcinoma of rectum

Of autopsy Yes

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Bert O. Owens (M. D. or other)

Address 634 N. Grand av Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.