

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29382
7269

FILED AUG 15 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7269		
1. PLACE OF DEATH a. COUNTY St. Louis, MO.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 20 hg				
b. CITY (If outside corporate limits, write RURAL and give township) 0		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's				d. STREET ADDRESS (If rural, give location) 6 5238 Palm St.				
3. NAME OF DECEASED (Type or Print) ALEXANDER J. Dockery			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 7-28-52					
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-27-88		
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK.		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY?		
10b. KIND OF BUSINESS OR INDUSTRY Black-White Cab		13a. FATHER'S NAME James Dockery		13b. MOTHER'S MAIDEN NAME Kath. Woodlock		14. NAME OF HUSBAND OR WIFE Gertrude Dockery		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gertrude Dockery ADDRESS 5238 Palm				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Infarct of Heart ANTECEDENT CAUSES Calciphonia of Rectum Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X				
22. I hereby certify that I attended the deceased from July 21, 1952 to July 28, 1952 , that I last saw the deceased alive on July 28, 1952 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) S. D. Campbell M.D.				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 7-29-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-31-52		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE REC'D BY LOCAL REG. JUL 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN'S		ADDRESS 2849 No. Euclid.		

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ironis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. *3565*

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.