

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32884**
Registrar's No. **8417**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) **76** yrs
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2247**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Louis City Hospita 1 #1** d. STREET ADDRESS (If rural, give location) **3652 So. Jefferson Avenue**

3. NAME OF DECEASED (Type or Print)
a. (First) **Carrie** b. (Middle) **E** c. (Last) **Dockter** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 6, 1952**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **S** 8. DATE OF BIRTH **June 27, 1876** 9. AGE (In years last birthday) (If UNDER 1 YEAR: Months Days) (If UNDER 24 HRS.: Hours Min.) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **William F. Dockter** 13b. MOTHER'S MAIDEN NAME **Caroline Haushalter** 14. NAME OF HUSBAND OR WIFE _____

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 **Mrs. F.C. Stevens** ADDRESS **2611 Gurney Court**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Bronchopneumonia**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 8, 1952**, to **Sept. 6, 1952**, that I last saw the deceased alive on **Sept. 6, 1952**, and that death occurred at **2:05 P. m.**, from the causes and on the date stated above. **42.00.**

23a. SIGNATURE (Degree or title) **C. M. Huggins, M.D.** 23b. ADDRESS **1515 Lafayette Ave.** 23c. DATE SIGNED **9/8/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9-8-52** 24c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **SEP 8 1952** **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beiderwieden F.H. 1936 St. Louis**

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John J. James
.....
Licensed Embalmer No. 4108
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.