

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7613

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Penitentiary</u>		STREET ADDRESS (If rural, give location) <u>5093 Manerva Street</u> <span style="float: right;">2069 1</span>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>DOCK</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>BOOKER</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>1</u>	(Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown Married</u>	8. DATE OF BIRTH <u>2-17-1909</u>
9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Terminal</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Little Rock, Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Unknown Dock Booker Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None Evelyn Booker</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MSP. Record Office, Jefferson City, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYDROCYANIC ACID GAS</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>LEGAL EXECUTION</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E985X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from ##### 19   to #####, 19  , that I last saw the deceased alive on 4-1-, 1955, and that death occurred at 1:09a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. V. McKnelly, M.D.</u> (Degree or title)	23b. ADDRESS <u>Superintendent Frison Hosp. Jefferson City, Mo.</u>	23c. DATE SIGNED <u>4-1-55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal Burial</u>	24b. DATE <u>April 4 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 1-1955</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.B. Koonce</u>	ADDRESS <u>1221 N. Grand St. Louis, Mo</u>
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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.....  
Signature of Student Embalmer

Signed *Winton Swan*.....

Licensed Embalmer No. *4580*

P. O. Address *1221 N. 1st St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.