

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3318

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

File No.....

Township.....

Primary Registration District No.....

Registered No. **542**

City **St. Louis**

(No. **4029⁹ N. 9th St**)

St. Ward

2. FULL NAME *Theo. George Lloyd*

(a) Residence. No. **4029⁹ N. 9th St.** **26** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 21, 1925

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

5 3 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *None*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo!

10. NAME OF FATHER

Theo. George Lloyd Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Josephine Gawrigha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

14. INFORMANT

Theo. George Lloyd Jr.

(Address) *4029⁹ N. 9th St*

15. FILED

14 1931

W. C. Starling

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 13* 19*31*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 6th* 19*31*, to *Jan 13th* 19*31*, that I last saw h. *alive* on *Jan 13th* 19*31*, and that death occurred, on the date stated above, at *10:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 Lobar Pneumonia
108

(duration) yrs. mos. *4* ds.

CONTRIBUTORY (SECONDARY) *Tuberculosis*

(duration) yrs. mos. *7* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Alfred Theo Taylor* M. D.

1/13, 1931 (Address) *4244 W. Florissant av*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peters

Jan 16 1931

20. UNDERTAKER

ADDRESS

W. Knowlton Co. 2707 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Review