

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

Do not use this space.

26468

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1008**
 City St. Louis Mo. (No. Sanitarium) St. 13 Ward

File No.....
 Registered No. **7619**

2. FULL NAME Lena Lloyd

(a) Residence, No. 4542 Westbarnes St. 13 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Herbert P. Smith 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY Cem DATE JULY 8 1931

19. UNDERTAKER (ADDRESS) CROGHAN UND. CO. INC 2146 MANCHESTER AVE

20. FILED -7 19 May 1931 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to July 5th, 1931.

I last saw her alive on July 6th, 1931. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset July 1st
82A apoplexy
71

Other contributory causes of importance: Arterio-sclerosis 1930+

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Herbert P. Smith, M. D.
 (Address) 5400 Arsenal St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

S. NO. 7.

