

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

Do not use this space.

20900

File No. \_\_\_\_\_  
Registered No. **5389**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Marys Infirmary Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City ST. LOUIS MO. (No. St. Marys Infirmary)

**2. FULL NAME**

Lloyd Underwood  
(a) Residence, No. 13918 N. Flannery 26 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Minnie H Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 11 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 264

10. Date deceased last worked at this occupation (month and year) May 5-1932 11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

MOTHER 13. NAME Edward Underwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Lydia De Long

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

17. INFORMANT (ADDRESS) Joe Bossin 4716 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Nathalla DATE June 7 1932

19. UNDERTAKER (ADDRESS) Jay B Smith 4305 Washington Blvd

20. FILED JUN - 6 1932 Ray C Barkley Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/10/32 1932 to 6/4/32 1932  
I last saw him/her alive on 6/4/32 1932. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Emphysema of left chest  
1100  
93A  
10/10/10

Other contributory causes of importance:  
Chronic Bronchiectasis  
Acute toxic myocarditis

Name of operation Thoracotomy Date of 6/4/32  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932  
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 Thomas Kelly (Signed) \_\_\_\_\_ M. D.  
(Address) St. Marys Infirmary

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.

