

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

1589
Do not use this space.

37562
File No. _____
Registered No. **10238**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **100**
City **St. Louis** (No. **Mo. Baptist Hoop**)

2. FULL NAME

Eugene L. Lloyd
(a) Residence, No. **5135 Habada**, **6** Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elena B. Lloyd**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 5, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Insurance salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **(Broken)**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **21**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sedalia, Mo**

13. NAME **Frank Lloyd**

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

15. MAIDEN NAME **Martha Baker**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paplar Bluff, Mo**

17. INFORMANT (ADDRESS) **W. B. Orusher, Jr., 705 Olive Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathew's Cem Nov 21st 1932**

19. UNDERTAKER (ADDRESS) **C. R. Dupont & Sons, 4449 Olive Street**

20. FILED **NOV 21 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 18th 1932**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19, _____

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at **10:30 p.m.**

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

Cholelithiasis of the Bile (Brain Tumor) - Echinococcus of the Left Parietal Occipital Region of Skull, Penetrating into the Right Parietal Nerve and
Other contributory causes of importance:
Serratus anterior muscle 2

Accipied when struck by auto
infestation no. Deceased was
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **11/2, 1932**
Where did injury occur? **Public Place**
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Struck by auto**
Nature of injury **Cholelithiasis of**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **J. P. ... M.D.**
D. P. ...

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.

