

APR 9 1937

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

Do not use this space.

10715

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 791
City Hospital No. 1003

File No.
Registered No. 3289 St. Ward)

2. FULL NAME David Francis Lloyd

(a) Residence, No. 2727 Lawton St., 21 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mo. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-6-1937</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>11</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	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) St. Louis, Mo.

MOTHER FATHER 13. NAME Aloysius Lloyd

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

MOTHER 15. MAIDEN NAME Dorothy Johnson

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE APR 26 1937

19. UNDERTAKER (ADDRESS) Dr. Hamilton City Health Dept.

20. FILED APR 25 1937 19 J. F. Perdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6-, 1937, to 2-17-, 1937

I last saw him alive on 2-17-37 Death is said to have occurred on the date stated above, at 10:10 A. M.

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

Other contributory causes of importance: 159
Prematurity

Name of operation Date of
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 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 Thomas C. McFall, M. D.
(Signed) Thomas C. McFall, M. D.
(Address) 2945 Lawton

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.

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