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.

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

FEB 12 1938

Do not use this space.

746

3
1

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 2500 S. 18 Str. St. ..... Ward)

File No. .....

Registered No. 602

2. FULL NAME Margaret Lloyd, 300

(a) Residence, No. 4265 Fair Ave. St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ~~75~~ mos. ds. How long in U. S., if of foreign birth? 75 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: Frank A. Lloyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	8	0	

OCCUPATION

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

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): Germany 6

FATHER

13. NAME: John Welsch, 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Oscar J. Lloyd. 4265 Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 1/19/38 19

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED JAN 18 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37, 19..., to 1/15/37, 19...

I last saw her alive on 1/15/37, 19... Death is said to have occurred on the date stated above, at 7 20 P.m.

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

Lobar Pneumonia — Date of onset 1/12/38

108

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) Paul B. Webb, M. D.

(Address) 3467 Morganford Rd.

Dr. Paul B. Webb,
3469 Morganford.
Laclede 7388
1-3 - 6-7

I. H. A. Stock License # 3588 hereby certify that the body J. Margaret Lloyd was embalmed by W. A. Stock # 3588.

W. A. Stock