

EP 28 1938

REC'D OCT 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Carondelet Primary Registration District No. 200
City Station Hospital Jefferson Barracks, Mo. St. _____ Ward _____

File No. 33364
Registered No. 1575

2. FULL NAME Died unnamed (Stillbirth) Infant Lloyd

(a) Residence, No. _____ St. _____ Ward Jefferson Barracks, Mo.
(Usual place of abode) (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Station Hospital
(STATE OR COUNTRY) Jefferson Barracks, Mo.

13. NAME Verlan Edward Lloyd

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

15. MAIDEN NAME Muriel Arlene Hicks

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Muriel Hicks Lloyd, (mother)
(ADDRESS) 5200 Vernon Ave St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Sept. 28, 1938

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 S. B'way St. Louis, Mo.

20. FILED SEP 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1938 to September 26, 1938

I last saw her at time of birth, 1938. Death is said to have occurred on the date stated above, unknown stillborn

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

Stillborn, cause of stillbirth undetermined, female, full term.

Date of onset

Other contributory causes of importance _____

Name of operation none 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? _____

If so, specify _____

(Signed) L. A. Bilotta M. D.

(Address) L. A. BILOTTA, 1ST Lt. Med-Res.
Station Hospital, Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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[Handwritten signature]

