

DEC 12 1938

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

37903
Do not use this space.

1. PLACE OF DEATH
(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City..... **St. Louis MO** (d) Street No. **City Hospital No. 1** St. **10230**
(e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. **10202**
2. PRINT FULL NAME **Wilburn Lloyd**
(a) Residence, No. **2615 Hickory** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Marie Lloyd**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sent 23, 1909.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 **2** **2**

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborep**
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
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) **Missouri**

FATHER
13. NAME **Dave Lloyd**

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

MOTHER
15. MAIDEN NAME **Ida Skaggs**

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

17. INFORMANT (ADDRESS) **Mrs. Marie Lloyd Kent**
2615 Hiclory Street.,

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bonne Terre, Mo.** DATE **Nov 27, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe Inc.,**
4700 Washington Blvd.,

20. FILED **NOV 25 1938**
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/25/38**

22. I HEREBY CERTIFY, That I attended deceased from **10/11/38**, 19..... to **11/25/38**, 19.....

I last saw him **live** on **11/25/38**, 19..... Death is said to have occurred on the date stated above, at **5 a.** m.

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

Rheumatic heart disease with mitral aortic stenosis
myocardial failure
Date of onset

Other contributory causes of importance:

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?..... 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) **E. D. Lusk**, M. D.
(Address) **City Hospital #1**

N. E.—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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Albert W. Kappel

Licensed Embalmer No. *1861*

P. O. Address *4700 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.