

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8803**  
Registrar's No. **2286**

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo 22 das**  
(Specify whether  
In this community **Unknown**  
years, months or days)

**8. (a) PRINT FULL NAME** **Harry Lloyd**  
**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Male** **5. Color or race** **Negro** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Grace Lloyd** **6. (c) Age of husband or wife if alive** **22** years  
**7. Birth date of deceased** **3** / **23** / **1899**  
(Month) (Day) (Year)

**8. AGE:** Years **40** Months **11** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Calvert Texas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Sam Bass**  
**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Henrietta Samuels**  
**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Disse Lloyd**  
(b) Address **209 S 22nd St**  
**17. (a) Burial** (b) Date thereof **3-7-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvert, Texas**

**18. (a) Signature of funeral director** **Bennie Love**  
(b) Address **3103 Washington Ave.**  
**19. (a) MAR 7 1940** (Date received local registrar) **J. Broadhead**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis** **22**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **209 S 22nd**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **4**  
year **1940** hour **3:30** minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** **January 12**, 1940, to **March 4**, 1940;  
that I last saw him alive on **March 4**, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Liver Abscess (Non-tuberculous)** **2 mos**  
**Hepato-Broncho Fistula non** **3 das**  
Due **malignant**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Liver Abscess (Non-Tubercu)**  
**Hepato-Broncho Fistula**

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Yes**  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **Richard C. Hackney** (M. D. or other) \_\_\_\_\_  
Address **2601 N Whittier** Date signed \_\_\_\_\_

Duration  
**2 mos**  
**3 das**  
**125**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Deckman St

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

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