

FILED JUN 15 1942

Registration District No. 187

Primary Registration District No. 101

Registrar's No. 1218

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46
 (a) State Mo. (b) County St. Louis
 (c) City or town Ferguson
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. 10, Mayfair & Clear View
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nan Floyd
 3. (b) If veteran, name war unknown
 3. (c) Social Security No. unknown

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jesse Floyd
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased June 27 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>6</u>	hr. _____ min.

9. Birthplace unknown Ky.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name W.T. Bryant
 13. Birthplace unknown Ky.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bell Taylor
 15. Birthplace unknown Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse Floyd
 (b) Address R.R. #10 - Ferguson Mo
 17. (a) Burial (b) Date thereof 6/17/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director Louis J. Bopp
 (b) Address 1234 N. 1st St. St. Louis
 19. (a) JUN 4 - 1942 (b) E. H. McElroy
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 2
 year 1942 hour 11 minute :36 p. M.
 21. I hereby certify that I attended the deceased from 5-5-42
 _____, 19____, to 6-2-42, 19____;
 that I last saw her alive on 6-2-42
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration mins
 Due to Adeno carcinoma of heart
& multiple metastatic foci
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death) 50

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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?
 _____ (Specify type of place) (e) Means of injury 0
 While at work? _____
 23. Signature Edward J. Becker (M. D. or other) _____
 Address Co. 1st St. Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.