V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILE JUL 20 1942 791

State File No. 19772

Registration District No. 1003

Primary Registration District No.

Registrar's No. 5734

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17
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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 St. Louis NR

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 459 Somerset Ave
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David William Lloyd.

3. (b) If veteran, name war none

3. (c) Social Security No. 494-10-1385

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gladys D. Lloyd.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. (Month) 22, (Day) 1889. (Year)

8. AGE 53

Years	Months	Days	If less than one day
52.	6.	12.	hr. min.

9. Birthplace Edgewood. (City, town, or county) Pa. / (State or foreign country)

10. Usual occupation South-western Manager

11. Industry or business Westinghouse Air Brake Co

FATHER
12. Name Edward James Lloyd.
13. Birthplace Albia (City, town, or county) Iowa. / (State or foreign country)

MOTHER
14. Maiden name Alice Craig.
15. Birthplace Pittsburgh, (City, town, or county) Pa. / (State or foreign country)

16. (a) Informant Mrs D. W. Lloyd.
(b) Address 459 Somerset Dr Webster

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 7-6-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crem.

18. (a) Signature of funeral director C. R. Hupton & Sons.
(b) Address #7233 Delmar Blvd.

19. (a) JUL 6 1942 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 23, 1942, to July 4, 1942 that I last saw him alive on July 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to malignant Hypertension	
Due to arteriolar nephrosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy arteriolar nephrosclerosis with necrosis of arteriolar walls.	

PHYSICIAN

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)
While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL 9th. Date signed 7/4/42

(Licensed Embalmer's Statement on Reverse Side)

5734

5734

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo

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, fact should be so stated above.