

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31360**

FILED DGT C 1942
Registration District No. **101**

Primary Registration District No. **101**

Registrar's No. **1898**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Clayton**
(c) Name of hospital or institution: **St. Louis County Hospital**
(d) Length of stay: In hospital or institution **18 days**
In this community **60 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(d) Street No. **7716 Weston Pl.**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Hiram Lloyd**
3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widower **2 divorced widower**
6. (b) Name of husband or wife **Jane Ann Lloyd** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 27 1863**

8. AGE:	Years	Months	Days	If less than one day
	79	1	13	hr. min.

9. Birthplace **St. Clair County Ill.**

10. Usual occupation **Building Contractor**

11. Industry or business **Ben Hur Construction Co.**

MOTHER FATHER
12. Name **Thomas Lloyd**
13. Birthplace **Unknown England**
14. Maiden name **Hannah Pepper**
15. Birthplace **Unknown England**

16. (a) Informant **Hiram Lloyd Jr**
(b) Address **7716 Weston Pl.**

17. (a) Burial (b) Date thereof **9/14/42**

(c) Place: burial or cremation **Green Mount, Ills**

18. (a) Signature of funeral director **Wagoner Und. Co.**
(b) Address **3621 Olive St.**

19. (a) **SEP 12 1942** (b) **C. H. McParson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10**
year **1942** hour **11** minute **15** P. M.
21. I hereby certify that I attended the deceased from **8-23-42**
to **9-10-42**
that I last saw him alive on **9-10-42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
(Pneumonia)

Due to **fracture of hip**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **8-21-42**
(c) Where did injury occur? **Richmond Heights, St. Louis, Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (e) Means of injury **fall**
3. Signature **Gallen** (M. D. or other) **M.D.**
Address **St. Louis County, Mo.** Date signed **9-11-42**

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive 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, fact should be so stated above.