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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 277

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

1. PLACE OF DEATH:

(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: Residence; # 237 So./Central
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. # 237 So. Central, Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARENCE MAYNARD LLOYD.

3. (b) If veteran, name war no

3. (c) Social Security No. 488-01-9555

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Lloyd

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July (Month) 10th (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	6	21	hr. min.

9. Birthplace St.Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Title examiner.

11. Industry or business Lawyers Title Co.

FATHER
12. Name Homer N. Lloyd.
13. Birthplace Lansing (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Martha C.Bohne.
15. Birthplace St.Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs.Martha Lloyd.
(b) Address # 237 So.Central,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) FEB 2- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st. year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on Jan. 31, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 E. Commers (M. D. or other) D.O.

Address 6304 Delmar Date signed 1-31-44

707 (Licensed Embalmer's Statement on Reverse Side)

Dr.J.E.Sommers.
6504a Delmar Blvd.
PA-5051
Hrs. 10 to 12

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.