

FILED APR 25 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 2002

Registrar's No. 827

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town UNIVERSITY CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7442 WAYNE AVE  
(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 MO (b) County ST. LOUIS  
(c) City or town UNIVERSITY CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7442 WAYNE AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE A. FLOYD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. W  
6. (b) Name of husband or wife MARY ELLEN 6. (c) Age of husband or wife if alive (DEC) 6 years  
7. Birth date of deceased DEC 6 1853  
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SHERMAN TEXAS  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business \_\_\_\_\_

12. Name CHAS. W. FLOYD  
13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name ELISA HENRY  
15. Birthplace GREENVILLE I. I. W. S.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Victor W. Kern  
(b) Address 206 N. Boniston - Clayton  
17. (a) Burial (b) Date thereof 4-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director Clayton H. Bopp, Inc  
(b) Address Kirkwood, Mo.  
19. (a) APR 7-1944 (b) E. G. Mc Gowan, Jr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5 April  
year 1944 hour 12 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Mar-1 1944 to April-5 1944  
that I last saw him alive on Mar-25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial Duration 6 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Proscribed asthma 1 yr.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 92

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S. H. Hales (M. D. or other) \_\_\_\_\_  
Address 4803 Delmar Date signed 4/5/44

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

96  
3  
5

MOTHER FATHER

**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..... *Van M. Simon* .....

Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zephyr Pl  
Maplewood, 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.**