

No. 2  
1-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

4068

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 146

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8739-Argyle Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 27-Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland 1-3  
(If outside city or town limits, write "RURAL")

(d) Street No. 8739-Argyle Avenue 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret H. Lloyd

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife: Alvis E.H.

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

7. Birth date of deceased Feb. 15 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 10 30 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Charles Swoboda

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dauderman

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Alvis E.H. Lloyd

(b) Address 8739-Argyle Ave-Overland, Mo

17. (a) Burial (b) Date thereof 1-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cem

18. (a) Signature of funeral director: Blair Ann Brock

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 1-17-46 (b) E. D. M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1946 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 6 1944 to Jan 14 1946  
that I last saw her alive on Jan. 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: metastatic chorio-epithelioma

Due to Primary in uterus 2 yrs.

Due to \_\_\_\_\_ 4 8 6

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature Edwin P. ... (M. D. or other)

Address 6657 ... Date signed 1-14-46

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

**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 Harold K. Brown  
Licensed Embalmer No. 4337  
P. O. Address Coverland

**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.**