S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25794

FILED AUG 15 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7233

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5926 Cote Brilliante
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5926 Cote Brilliante 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anne Lloyd

3. (b) If veteran, name war --------

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 20, (Day) 1875 (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Lloyd
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Cahill
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Msgr. Thomas J. Lloyd
(b) Address 1015 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) AUG 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1947 hour 10: minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 4, 1946 to 8/2, 1947 that I last saw her alive on 8/2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Cancer of Rt Breast.

Due to

Due to 54

Other conditions Cardio Vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None.

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) None.

(b) Date of occurrence None.

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury

23. Signature Peter Kelly (M. D. or other) MD

Address 6125 Bartmer Ave Date signed 8/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. L. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.