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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27954
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 7507

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: ENROUTE TO CITY HOSPITAL 3
(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
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 B CASS AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WALTER LLOYD
3. (b) If veteran, name war NO
3. (c) Social Security No. 491-16-5216
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE LLOYD
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug 19 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	0	6	hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
10. Usual occupation BARTENDER
11. Industry or business
FATHER 12. Name JOHN H. LLOYD
13. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name FLORENCE
15. Birthplace W. VIRGINIA
(City, town, or county) (State or foreign country)
16. (a) Informant HOWARD LLOYD
(b) Address 1519 B CASS AVE
17. (a) BURIAL (b) Date thereof Aug. 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS
18. (a) Signature of funeral director Peetz Funeral Home
(b) Address 3029 Lafayette
19. (a) AUG 27 1948 (b) J. A. Brodock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 25
year 1948 hour 545 minute a M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Bilateral Thorax
Cardiac Hypertrophy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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? Means of injury
23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 8/26/48

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 David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 3C29 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
City of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7507

On this 7 day of September, 1948, before me appears J. Howard Lloyd, who, upon his oath, states that the original record of birth / death for John Walter Lloyd, died / born 8-25-, 1948, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6 should read Married

Instead of Divorced

Item No. 6b should read Minnie Lloyd

Instead of —

Item No. 6a should read age 62

Instead of — — —

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant J. Howard Lloyd Son
Relationship

6212 Bixby, Affton Mo
Present Address.

Subscribed and sworn to before me this 7th day of September, 1948

My Commission Expires December 17, 1950

My Commission expires .....

David Van Fossan
DAVID VAN FOSSAN
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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