S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34410

Registrar's No. 9123

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:
ST. Mary Infirmary 1546 Papain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community

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. 3839, A. ST Ferdinand
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Dorthy. Leona. Eloyd
3. (b) If veteran, name war
3. (c) Social Security No. 494-26-9034

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aloysius. Floyd
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased July (Month) 24th (Day) 1918 (Year)

8. AGE: Years 30 Months 2 Days 20 If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Domesticts House Wife
11. Industry or business
MOTHER FATHER
12. Name Leon. Johnson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Carlena. Ann
15. Birthplace Old Appleton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Aloysius Floyd
(b) Address 3839 St Ferdinand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Price & Walker
(b) Address 2829, Washington Blvd
19. (a) OCT 18 (Date received local registrar) (b) J. B. Fowler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th year 1948 hour 10 minute 05 A.M.
21. I hereby certify that I attended the deceased from Sept 30th, 1948, to Oct 14, 1948, that I last saw her alive on Oct 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Appendix Abscess
Due to Peritonitis, generalized
Due to Paralytic Ileus
Other conditions Pregnancy - 5 mos
(Include pregnancy within 3 months of death)
Major findings:
Of operations Inflamed Appendix
Of autopsy above

Duration: 2 wks

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 Leon A Martin (M. D. or other)
Address 4069a Eastan Ave Date signed 10/18/48

(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.....

Licensed Embalmer No. 4241

P. O. Address 2829 Washington

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.