

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42469**

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **13848**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **15 years**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Pronounced dead at Homer Phillips** d. STREET ADDRESS (If rural, give location) **2800 Clark Avenue**

**3. NAME OF DECEASED** a. (First) **Fayette Floyd** b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 11, 1949**

**5. SEX** **Male** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **widowed**

**8. DATE OF BIRTH** **Feb. 28, 1892** **9. AGE (in years last birthday)** **57**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Laborer** **10b. KIND OF BUSINESS OR INDUSTRY** **Hooper Ice & Coal**

**11. BIRTHPLACE** (State or foreign country) **Bethel Springs, Tenn.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Bob Floyd** **13b. MOTHER'S MAIDEN NAME** **Belle Joplin** **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give war or dates of service) \_\_\_\_\_

**16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Robert Floyd** **ADDRESS** **38 St. Clair Ave.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Ruptured Cerebral Artery**

**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

**21c. (CITY, TOWN, OR TOWNSHIP)** **96** (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?** **3rd floor**

**22. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:55 P. m.**, from the causes and on the date stated above.

**23. SIGNATURE** **Robert Floyd** (Signature or title) **1300 Clark** **23c. DATE SIGNED** **12/17/49**

**24. BURIAL, CREMATION, REMOVAL (Specify)** **Removal** **24b. DATE** **12-17-49** **24c. NAME OF CEMETERY OR CREMATORY** **Booker Washington** **24d. LOCATION** (City, town, or county) (State) **E. St. Louis, Illinois**

**DATE REC'D BY LOCAL REG.** **DEC 17 1949** **REGISTRAR'S SIGNATURE** **J. B. Savater** **25. FUNERAL DIRECTOR'S SIGNATURE** **E. J. Nash** **ADDRESS** **384 7th St**

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

X

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *E. J. Nash* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2432* .....

P. O. Address *3947 Pog* .....

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.