

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2258

State File No. ....

2009  
3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **541**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2139</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>7097 Marquette Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>3 6949 Sutherland Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lloyd</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Bay</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 16 1950</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 3, 1891</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>58</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R. R.</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>Haward E. Bay</b>	13b. MOTHER'S MAIDEN NAME <b>Bettie Wade</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Bay</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude Bay 6949 Sutherland Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease 3 yrs</b> DUE TO (c)		
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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) (COUNTY) (STATE) <b>4300</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Apr. 7, 1949**, to **Mar 28, 1949**, that I last saw the deceased alive on **Mar 28, 1949**, and that death occurred at **1:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl J. Loyd M.D.</b>	(Degree or title)	23b. ADDRESS <b>425 Madison Jefferson City, Mo.</b>	23c. DATE SIGNED <b>1-17-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan. 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fisher Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mosele, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 18 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa St.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE OF DEATH

AGE

SEX

CAUSE OF DEATH

**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.

Student .....  
Student Embalmer

Signed Linus C. Hoffmeister.....

Licensed Embalmer No. 3871.....

P. O. Address 7814 S. Broadway.....

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.

DATE OF DEATH