

FILED MAY 10 1950 STANDARD CERTIFICATE OF DEATH

State File No. 3968

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1913		d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital	
d. STREET ADDRESS		e. ADDRESS (If rural, give location) 3135 Lucas Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) c. (Last) Floyd			4. DATE OF DEATH (Month) (Day) (Year) April 27 1950		
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 22, 1888		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Months 9 Days 3	
11. BIRTHPLACE (State or foreign country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day worker	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Booker Shaw		13b. MOTHER'S MAIDEN NAME Flora Edwards		14. NAME OF HUSBAND OR WIFE Ernest Floyd	
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 Abbie Wright, 2927a Franklin Ave	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Undet.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-25, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-27, 1950, and that death occurred at 1:15a m., from the causes and on the date stated above.

23a. SIGNATURE James J. Redreth, D.O.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 5-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Ceme		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. MAY 2 1950		REGISTRAR'S SIGNATURE J B Lavater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Und. Co., 3100 Franklin Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

31x

331x

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John L. Pettus

Signed.....

Student Embalmer

Licensed Embalmer No. 4184

P. O. Address St Louis, Mo.

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.