

STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

 State File No. **21217**
 Registrar's No. **5060**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5060	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY _____				a. STATE MO		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2119		d. STREET ADDRESS (If rural, give location) 413 Baldine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) George			b. (Middle) Floyd			c. (Last) _____	
(Type or Print)						(Month) (Day) (Year) May 29 1951	
5. SEX MALE		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12-22-1890	
						9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) MISS	
						12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME no			13b. MOTHER'S MAIDEN NAME Sallie			14. NAME OF HUSBAND OR WIFE Irma Floyd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War I One			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Irma Floyd	
						ADDRESS 413 Baldine	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH Undet.
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Decubiti			
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 checked="" type="checkbox"/> NO <input 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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491A			
22. I hereby certify that I attended the deceased from 2-11 , 19 51 , to 5-29 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 , and that death occurred at 12:05 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. J. Thompson (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 5-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 4, 51		24c. NAME OF CEMETERY OR CREMATORY Jefferson-Bonard Cemetery, Mo		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. JUN 1 1951		REGISTRAR'S SIGNATURE J. B. Zanata		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Johnson 2769 Chouteau			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 1931

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, by

working under my personal supervision.

Student Embalmer No.

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.