

No. 300  
10.48

STANDARD CERTIFICATE OF DEATH

13947

State File No. \_\_\_\_\_

FILED MAY 10 1952

BIRTH NO. 22377 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 89

923  
0

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Charles</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> <u>0923</u>                                    |  |
| c. LENGTH OF STAY (in this place) <u>Life</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1049 Jackson Street</u> <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>                              |  |  |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>George</u> b. (Middle) <u>Ray</u> c. (Last) <u>Lloyd, Jr</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>3</u> <u>1952</u> |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>                 |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> |  |
| 8. DATE OF BIRTH <u>April 23, 1952</u>  |  | 9. AGE (In years last birthday) <u>0</u>      |   | IF UNDER 1 YEAR Days <u>0</u> IF UNDER 4 HRS. Min. <u>10</u>                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None -- Infant--</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |   | 11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>      |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |   |   |   |  |

|  |  |   |  |                                   |  |
|--|--|---|--|-----------------------------------|--|
| 13a. FATHER'S NAME <u>George Ray Lloyd</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Gloria Jean Fredenburg</u> |  | 14. NAME OF HUSBAND OR WIFE _____ |  |
|--|--|---|--|-----------------------------------|--|

|  |  |                                    |  |   |  |
|--|--|------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>NIL</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>George R. Lloyd (father)</u> ADDRESS <u>St. Charles, Mo.</u> |  |
|--|--|------------------------------------|--|---|--|

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital anomaly both</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Kidney, Infantile</u><br>DUE TO (c) _____ |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
|   |  | 2. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>   |  |  |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>April 4 52</u>              |  | 19b. MAJOR FINDINGS OF OPERATION <u>Infantile Cause -</u> <u>7562</u>                                  |  | 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) _____ |  | 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 # 23, 1952, to 5-3, 1952, that I last saw the deceased alive on 5-3, 1952, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ |  | 23b. ADDRESS <u>St. Charles, Mo.</u>  |  | 23c. DATE SIGNED <u>5/3/52</u>                                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>May 3, 1952</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo</u> |  |
|   |  | 24d. LOCATION (City, town, or county) (State): <u>St. Charles, Co., Mo.</u> |  |  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>5/3/52</u> |  | REGISTRAR'S SIGNATURE <u>[Signature]</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS: <u>800 N. 2nd St. Charles, Mo.</u> |  |
|--|--|--|--|---|--|

**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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.