

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17266

State File No. ....  
Registrar's No. 183

FILED MAY 18 1953

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164

140  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton Twp</u>		c. CITY OR TOWN <u>Glendale</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>enroute to Callaway Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>319 Park Ave. 4651</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bruce</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Lloyd</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 9, 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 12, 1933</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Glendale Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>R. B. Lloyd</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Currier</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>300 32 7744</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. B. Lloyd</u>	ADDRESS <u>Glendale Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 5</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 1/2 mile North Fulton Callaway Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 9 53 12:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost Control of car causing it to overturn on highway</u>
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on May 7, 1953, and that death occurred at 12:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Croner, Jr.</u>	23b. ADDRESS <u>Callaway County Mo</u>	23c. DATE SIGNED <u>May 9-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis county Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 16-1953</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paulson</u>	ADDRESS <u>Fulton Mo</u>
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JUN 2 1939

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 .....  
Signature of Student Embalmer

Signed *J. C. Pearson* .....  
Licensed Embalmer No. *285* .....  
P. O. Address *Hullton* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.