

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33621

FILED OCT 15 1953

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9496

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9496	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2/ 623 N. Leonard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rabbi</u>		b. (Middle) _____		c. (Last) <u>Lloyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 1 53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>83</u>		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) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>?, Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phana Lloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Emma ?</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased ?</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cellia Booker 623 N. Leonard</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Hypertrophy of Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u> <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>	
19a. DATE OF OPERATION <u>None</u>		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>610X</u>			
22. I hereby certify that I attended the deceased from <u>8-22</u> , 19 <u>53</u> , to <u>10-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>53</u> , and that death occurred at <u>2:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Prophete</u>				23b. ADDRESS (Degree or title) <u>M.D. 2601 N. Whittier</u>		23c. DATE SIGNED <u>10-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>10/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 5 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Frankie L. Loney</u>		ADDRESS _____	

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

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 *James A. Carter*
Licensed Embalmer No. *4788*
P. O. Address *St. Louis*

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.