

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40781**  
Registrar's No. **11309**

FILED DEC 4-1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4601 Loughborough Ave.</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>JOHN</b>		b. (Middle) <b>W.</b>	
c. (Last) <b>LLOYD</b>		Month <b>Nov.</b> Day <b>28</b> Year <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 11, 1904</b>
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Rep.-Amer. Photo Equip't. Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Webster Groves, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Lloyd</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Sweeney</b>	
14. NAME OF HUSBAND OR WIFE <b>Betty Lloyd</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>488-09-7900</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Betty Lloyd</b>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <b>4601 Loughborough Ave.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 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) <b>433.0</b>			
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 <b>23 Oct, 1953</b> , to <b>28 Nov, 1953</b> that I last saw the deceased alive on <b>28 Nov, 1953</b> , and that death occurred at <b>8:00P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ray D Schmeierer MD</b>		23b. ADDRESS <b>6817 S. Dorcas</b>	
23c. DATE SIGNED <b>30 Nov</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 1, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Eake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 30 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	

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 *W. A. Sherman*.....  
Licensed Embalmer No..... 453  
P. O. Address *J. Lewis*.....

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.