

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17689**
Registrar's No. **4955**

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

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS 5100 Arsenal Street | | 21390 | |

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|-------------------------------------|----------------------------|------------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Louis | b. (Middle) Samuel | c. (Last) Cloyd | 4. DATE OF DEATH (Month) (Day) (Year) May 20 1956 |
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|-----------------------|------------------------------------|--|---|---|---|-----------------------------------|---|---|
| 5. SEX Male | 6. COLOR OR RACE Negroid | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 16, 1895 | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 61 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Mine LaMotte, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Harvey Cloyd | 13b. MOTHER'S MAIDEN NAME Deliah Villars | 14. NAME OF HUSBAND OR WIFE Alva Cloyd |
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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) Yes W. W. I | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Alva Cloyd 6144 Minerva Ave. | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia - right lung | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome Parkinson's disease | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from **January 20, 1954**, to **May 20, 1956**, that I last saw the deceased alive on **May 20, 1956**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE A. F. Heusler (Degree or title) | 23b. ADDRESS 5100 Arsenal Street | 23c. DATE SIGNED 5-21-56 |
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|---|----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE May 24, 1956 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. |
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| DATE REC'D BY LOCAL REG. MAY 22 1956 | REGISTRAR'S SIGNATURE J. H. Randle | 25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON | ADDRESS 3133 Bell Ave. |
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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.....

Licensed Embalmer No. 269

P. O. Address 2769 N

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.