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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1957

STATE FILE NUMBER 41970 10959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1. Length of stay in 1b: 25

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: ST. LOUIS Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4253 So. BROADWAY Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First THOMAS Middle LEROY Last FLOYD

**4. DATE OF DEATH** Month NOV. Day 15, Year 1957

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARITAL STATUS**: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

**8. DATE OF BIRTH**: Nov. 28, 1909

**9. AGE** (In years last birthday): 47 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): PRESSMAN

**10b. KIND OF BUSINESS OR INDUSTRY**: GURKE-ALLEN Co

**11. BIRTHPLACE** (City and state or country): Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: THOMAS FLOYD

**13b. MOTHER'S MAIDEN NAME**: MILTILDA STEGER

**14. NAME OF HUSBAND OR WIFE**: CATHERINE FLOYD

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 490-03-4987

**17. INFORMANT**: CATHERINE FLOYD Address: 4253 So. BROADWAY

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Consolidation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Staphylococcal Pneumonia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 493 X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 11/13/57, to 11/15/57 and last saw her/him alive on 11/15/57
Death occurred at 2:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Albert E. Kazlauski MD.

**22b. ADDRESS**: 1515 LAFAYETTE AVE.

**22c. DATE SIGNED**: 11/15/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**23b. DATE**: NOV. 18, 1957

**23c. NAME OF CEMETERY OR CREMATORY**: S. S. PETER & PAUL CEM.

**23d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo.

**24. FUNERAL DIRECTOR**: Thomas Kutis **ADDRESS**: 2906 Gravois

**25. DATE RECD. BY LOCAL REG.**: NOV 16 '57

**26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Lee J. Budde

Licensed Embalmer No. 3969

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.