

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027642

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1870

AMENDED

FILED JUL 19 1961

a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. John</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. John</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3536 Brown Rd.,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3536 Brown Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)  
First **Pauline** Middle **Floyd** Last **Floyd**

4. DATE OF DEATH  
Month **July** Day **4** Year **1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH **10-10-71** 9. AGE (last birthday) **89**

IF UNDER 1 YEAR: Months  Days  IF UNDER 24 HR: Hours  Min.

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

10b. KIND OF BUSINESS OR INDUSTRY  
**Own Home**

11. BIRTHPLACE (City and state or country)  
**Germany**

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

13a. FATHER'S NAME **Gotlieb Mollick** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE  
**Yancy C. Floyd-(dcd)**

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

16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Milton Floyd-3536 Brown Rd.,**  
Address **St. John.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute CORONARY**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) **Arteriosclerotic Cardio-Vascular-Renal disease**

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
**1/2 hour**

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 **1949** to **7-4-61** and last saw her alive on **7-4-61**.  
Death occurred at **7:50 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. J. Mullarky, M.D.** 22b. ADDRESS **8711 St. Charles Rd** 22c. DATE SIGNED **7/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-7-1961** 23c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Cemetery** 23d. LOCATION (City, town, or county) **Pagedale, Mo.**

24. PREPARED BY **BAUMANN BROS. INC. FUNERAL HOME** 25. DATE RECD. BY LOCAL REG. **7-6-61** 26. REGISTRAR'S SIGNATURE **John B. Murphy, M.D.**

2504 WOODSON ROAD  
OVERLAND 14, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**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 David C. Huber

Licensed Embalmer No. 3454  
P. O. Address Portland

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.