

Registration District No. _____

2911

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

1003

- (a) County St. Louis /
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether _____)
- In this community Life
years, months or days)

3. (a) PRINT FULL NAME

Lena Beatrice Floyd 4/3/403. (b) If veteran,
name war _____3. (c) Social Security
No. 488-03-007

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Widowed
6. (b) Name of husband or wife Fred Floyd 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 18 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 7 19 hr. _____ min.9. Birthplace Texas
(City, town, or county) (State or foreign country)10. Usual occupation Assembly Department11. Industry or business Carter Carburator Co. /

MOTHER FATHER

12. Name Hugh Dickson 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. Ostermann(b) Address 5317 W. Euclid Ave17. (a) Burial (b) Date thereof 1-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Charles18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd19. (a) JAN 8 1940 (b) J.F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis / 10
(If outside city or town limits, write "RURAL")
- (d) Street No. 3716 Sullivan
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 7
year 1940 hour 3 - minute 15 M.21. I hereby certify that I attended the deceased from Oct-22
_____ 1939 to Jan 7 1940
that I last saw her alive on Jan 6 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary metastases from
chondrosarcoma, Rt. humerus, 18 mos?Due to Primary Duration _____Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Int. ill. abdominal
Of operation amputation Rt. lower extremity
metast. regional
Of autopsy Massive recurrence of tumor metastases

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H.P. McClure, M.D. (M. D. or other) _____
Address 202 Humboldt Bldg Date signed 1-8-40

Dr. H. M. Carroll

No. 3886

Dr. Lukes

10:00 Am.

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.....

Albert E. White....., Registered Apprentice No. *209*

working under my personal supervision.

Signed *J. Wm. B. Aubley*.....

Licensed Embalmer No. *3653*

P. O. Address *Saint 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 this body is not embalmed, above space should be left blank.