

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1002

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether years, months or days)
In this community 21 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 4360 Washington Blvd (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Emma Hannan Floyd
3. (b) If veteran, name war *****
3. (c) Social Security No. *****

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dave Floyd
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 21 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 4 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
12. Name James F. Hannan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Letford (City, town, or county) (State or foreign country)
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Webster Groves Mo
17. (a) Burial (b) Date thereof Jan 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) JAN 26 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1940 hour 8 P. minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Hip; - returned to clinic, when she
Due to Sclerosis, when she
Due to missed her step
Other conditions at 4374 Delmar
(Include pregnancy within 3 months of death)
Blvd died 7:00 P.M.

Major findings: Jan - 3 - 1940
Of operations _____
Of autopsy Accident

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, (specify) Accident
(b) Date of occurrence 1/24/40
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
St. Louis Mo
While at work? _____ (Specify type of place) (e) Means of injury W
23. Signature Joseph M. Peetz (M. D. or other)
Address Peetz Brothers Date signed _____

WRITE PLAIN! - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1051

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.