

1940
Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **2190**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town WELLSTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6141 Gambleton Place
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Margaret L. Floyd,
3. (b) If veteran, _____ **3. (c) Social Security** None
name war. No.

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive years

7. Birth date of deceased April
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 26 If less than one day
hr. min.

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

10. Usual occupation At Home 0

11. Industry or business 5

MOTHER FATHER
12. Name Thomas Floyd 4
13. Birthplace Ireland Ireland
(State or foreign country) (State or foreign country)
14. Maiden name Eileen Barry
15. Birthplace London England
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Floyd
(b) Address 6141 Gambleton Place

17. (a) Burial **(b) Date thereof** 11-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 20 1940 **(b) R. M. M. D. Dr. P. H.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town WELLSTON
(If outside city or town limits write "RURAL")
 (d) Street No. 6141 Gambleton Place
(If rural, give location)
0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
 year 1940 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1940
 _____, 19____, to death Nov. 19, 1940
 that I last saw her alive on 11-16-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix Uteri. Duration

Due to: 48
 Due to: _____

Other conditions Generalized Carcinomatous
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Diffuse Carcinoma of uterine cervix.
 Of autopsy None done.
In dying state 11-16-40

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 Ervin T. Huber (M. D. or other)
 Address Missouri State Bldg Date signed 11-20-40

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 *Fred Trick*

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

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.