

Filed JAN 14 1943

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 11101

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Childrens Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Louise Floyd

3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

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 July 5, 1942  
(Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business Over Floyd

12. Name Omer Floyd

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

14. Maiden name Beulah Holland

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

16. (a) Informant Omer Floyd

(b) Address Salem, Missouri.

17. (a) Burial (b) Date thereof. 1/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) DEC 31 1942 (b) J. P. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12/28/42  
19....., to 12/31/42, 19.....  
that I last saw her alive on 12/31/42  
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial pneumonia  
Pyelonephritis with septic  
Microcephaly

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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?  
(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature J. P. Budeck (M. D. or other).....

Address 501 St. Joseph Date signed.....

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

MOTHER FATHER

10111  
10111

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**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 J. G. Sullivan  
Licensed Embalmer No. 1122  
P. O. Address City

**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, fact should be so stated above.**