

FILED MAR 15 1943 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis mo
 (b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital #1, 0
(If none, hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits write "RURAL")
 (d) Street No. 1213 S. 7th St.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
 year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h..... alive on 19.....
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Floyd
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 23rd 1890
(Month) (Day) (Year)

Immediate cause of death Arsenic Poisoning Self Administered in his Room at 1012 Chouteau ave
 Due to on Feb 22-1943 at about 11 PM
 Other conditions (Include pregnancy within 3 months of death) 165
 Major findings: Of operations
 Of autopsy

8. AGE: Years 52 Months 7 Days 1
 If less than one day hr. min.

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

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

10. Usual occupation Salesman

11. Industry or business

12. Name Richard Floyd
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Pierson
 (b) Address 1609a Menard

17. (a) Burial (b) Date thereof Feb 26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. A. B. [unclear]
 (b) Address 445 1/2 Washington Bl.

19. (a) FEB 25 1943 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 2-22-43
 (c) Where did injury occur? St. Louis MO
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 While at work? NO (Specify type of place) (a) Means of injury Poisoning

23. Signature Thomas J. Callahan (M. D. or other)
 Address Deputy Coroner Date signed Feb 25-43

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

MOTHER FATHER

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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.....

John Ketter

Licensed Embalmer No. *3880*

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, fact should be so stated above.