V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29926

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 8270

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2621 Belleglade Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 003

(a) State Missouri (b) County 17

(c) City or town Saint Louis 4 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2621 Belleglade Avenue
(If rural, give location)

(e) Citizen of foreign country No (Yes or No)

If yes, name country --- 0

3. (a) PRINT FULL NAME LUCY FLOYD

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Houston Floyd

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased October 28 (Month) 8 (Day) 1891 (Year)

8. AGE: Years 51 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Orville, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable Smith
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert Lee Spencer
(b) Address 2621 Belleglade Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) SEP 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th year 1943 hour 1: minute 00 A. M.

21. I hereby certify that I attended the deceased from September 9, 1943, to September 13 1943; that I last saw her alive on September 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Sk. — Duration

Due to Hypertension — 6 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 9 3

Major findings:
Of operations

Of autopsy

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? (e) Means of injury C

23. Signature Oral S. McClellan (M. D. or other)

Address 4200a Easton Ave. Date signed 9/18/43

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.