

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39795

10758

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
City Hospital # 1 0
(d) Length of stay: In hospital or institution.....

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No. 4822 Fyler Ave.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Richard C. Floyd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Floyd 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 11th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 24 hr. min.

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

10. Usual occupation Upholsterer

11. Industry or business

12. Name Richard C. Floyd

13. Birthplace Augusta Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Seipel

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

16. (a) Informant Richard Floyd Jr.
(b) Address 4822 Fyler Ave.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery Kriegshauer Mortuaries

18. (a) Signature of funeral director J. F. Budeck
(b) Address 4228 So. Kingshighway Blvd.
DEC 7 1943 (Date received local registrar)

19. (a) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1943 hour 1:00 minute P.M. 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 femur Duration.....
Arteriosclerosis when he slipped and
fell off the front step of two
concrete steps leading to his
home on July 12, 1943
Due to about 12:15 am

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

Major findings:
Of operations.....

Of autopsy.....

22. If death is due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence July 12, 1943
(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?..... (Specify type of place)
(e) Means of injury.....

23. Signature Mrs. J. Callahan (Mr. P. Mother)
Address 3 (District)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Richard W. Howard*

Licensed Embalmer No. *7007*

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.