

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10036**  
**2876**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MO</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis mo</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2831<sup>a</sup> Spruce St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Goldie Floyd</b>			b. (Middle)		c. (Last) <b>Floyd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1949</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Female Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 28, 1905</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTH PLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>Columbus Floyd</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Columbus Floyd 2831<sup>a</sup> Spruce</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				DUPLICATE			Undet.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <b>Undet.</b>			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-19</b> , 1949, to <b>3-28</b> , 1949, that I last saw the deceased alive on <b>3-28</b> , 1949, and that death occurred at <b>6:15 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Herbert J. Kevin M. D. U</b>				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>3-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3.31-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father Jackson</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis mo</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 30 1949 J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>ATKINS BROS. 3644 FIFTH</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.