

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023148
STATE FILE NUMBER

2 6084
Registrar's No.

FILED JUL 7 1959

Registration District No. Primary Registration District No.

S. 300
1-57
525
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1015 Goodfellow</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas J. Lloyd</u>			4. DATE OF DEATH Month Day Year <u>June 26, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 6, 1870</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days <u>9 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pastor Emeritus</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Lloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cahill</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Rev. Joseph M. O'Mara 3120 Lafayette</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brachogenic Carcinoma left lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Metastatic Carcinoma peritoneal</u> DUE TO (c) <u>162.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ch. lymphatic leukemia - Arteriosclerotic heart dis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year?</u> <u>several mos.</u>
20a. ACCIDENT SUICIDE HOMICIDE <u>No No No</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>7-7-58</u> to <u>June 26-59</u> and last saw him alive on <u>June 25-59</u> Death occurred at <u>3:05 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <u>6/24/59</u>		
22a. SIGNATURE (Degree or title) <u>Spencer J. Hammond M.D.</u>		22b. ADDRESS <u>634 N. Grand</u>		22c. DATE SIGNED	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Chas. F. Stuart 1225 Union</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 27 '59</u>		26. REGISTRAR'S SIGNATURE <u>Donald Smith, M.D.</u> C.R.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.