

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10027**

FILED APR 2 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2758

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY 2207	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo)		c. LENGTH OF STAY (in this place) (township) 1 Yr, 2 Mo, 2 DYS		c. CITY OR TOWN St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 20 2204 Salisbury St.			
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) V.		c. (Last) Floyd	
4. DATE OF DEATH (Month) (Day) (Year) 3/25 54		5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1897		9. AGE (in years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bread Salesman		11. BIRTHPLACE (City and State or Foreign Country) Middletown, Missouri. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Winfield S. Floyd		13b. MOTHER'S MAIDEN NAME Susie ?	
14. NAME OF HUSBAND OR WIFE Alita Floyd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-05-9665	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alita Floyd		ADDRESS 2204 Salisbury		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
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 1/13, 19 53 to 3/25, 19 54, that I last saw the deceased alive on 3/25, 19 54, and that death occurred at 5:30 PM from the causes and on the date stated above.					
23a. SIGNATURE George Esker M.D.		23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 3/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-27-54.		24c. NAME OF CEMETERY OR CREMATORY Middletown Cemetery	
24d. LOCATION (City, town, or county) (State) via motor Middletown, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement McKeany*.....

Licensed Embalmer No. *373*.....

P. O. Address *W. Harris*.....

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.