WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10054

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5165 Dresden St. ..... Ward)

File No. .....

Registered No. 2632

2. FULL NAME Elizabeth McCoy

(a) Residence. No. 5165 Dresden St., 2 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anthony McCoy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21 1857

7. AGE: Years 69, Months 8, Days 25. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centreville Ills

PARENTS

10. NAME OF FATHER: Baptiste Lowry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills
12. MAIDEN NAME OF MOTHER: Francis McLaughlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Millville N Jersey

14. INFORMANT: Mrs Bessie Herget
(Address) 5165 Dresden

15. FILED MAR 17 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1927, to Mar. 14, 1927 that I last saw her alive on 3-14, 1927, and that death occurred, on the date stated above, at 7 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
BC 129A
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial nephritis (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) W. Wagenbach, M. D
Mar. 16, 1927 (Address) 5801 Bravois Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Mch 19 1927

20. UNDERTAKER: Frank Hettage
ADDRESS: 907 Chouteau