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

Do not use this space.

File No. 14916
Registered No. 3832

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No.....St. .....Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Eloise McCoy

(a) Residence. No. 3410a Walnut St St. 18 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*):

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 3 1915

7. AGE: Years 12 Months 8 Days — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Girl
(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) Miss.

PARENTS
10. NAME OF FATHER Lewell McCoy
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Miss.
12. MAIDEN NAME OF MOTHER Clore Dwor.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Miss.

14. INFORMANT Lewell McCoy
(Address) 3410 Walnut St

15. FILED APR -6 1928, 19 Mae E Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928

17. I HEREBY CERTIFY That I attended deceased from April 1 1928, to March 3 1928, that I last saw [redacted] alive on April 2 1928, and that death occurred, on the date stated above, at 6:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1010

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) Bryant Brown, M. D
, 19 (Address) 2660 10 Fountain St

*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: Washington Park — DATE OF BURIAL: April 7 1928

20. UNDERTAKER: U T Walton — ADDRESS: 4717 Gladiolus St

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.