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

Do not use this space.

File No. 24026

Registered No.

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 190

Township: ~~[illegible]~~ Central — Primary Registration District No.: 6033

City: (No. St. Ward) St. Louis C. Hospital

2. FULL NAME: Preston G. McCoy

(a) Residence. No. Chesterfield, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 27 1932

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mona McCoy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40			

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mona McCoy
(Address) Chesterfield, Mo

15. FILED July 12, 1932 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 3:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Struck by automobile while crossing on public highway

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Unemployed, Fracture of Ribs with pneumonia

(Duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? Clayton Mo.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) John [illegible] M.D.

7/11/32, 19 (Address) Coroner of St. Louis

*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: Antioch Cem. Monroe Mo — DATE OF BURIAL: 7-13 1932

20. UNDERTAKER: Schrader U. Co — ADDRESS: Mo Bellerin

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.

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

MARGIN RESERVED FOR BINDING

No. 2.