

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.

1934

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

Do not use this space.

38540

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. St. John Hospital)

File No.
Registered No. 10204
St. Ward)

2. FULL NAME

Thomas M. Mc. Coy

(a) Residence, No. 3850 Michigan Ave. St. 24 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Mc. Coy.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10th, 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>7</u>	DAYS <u>15</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public Service Co.</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Ruben Mc. Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Matilda Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Julia Mc. Coy, 3850 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Nov. 28th, 1934

19. UNDERTAKER (ADDRESS) Wm. Schumacher, 3813 Werameo Street

20. FILED 21 1934 J. T. Bebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/25/34, 1934 to 11/25/34, 1934.

I last saw him alive on 10/25/34, 1934 Death is said to have occurred on the date stated above, at 10/40 pm

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
12/11/34
100%
118%
124%
Other contributory causes of importance:
Hypertension
Renovascular form
rhythmical change

Date of onset
12/11/34

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify, city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. H. Hall, M. D.
(Address) St. Louis

St. Johns Hoop.