

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

REC'D MAR 13 1939

4710

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No..... **791**  
 (b) Township..... Primary Registration District No..... **1008**  
 (c) or City **Saint Louis** (d) Street No. **Homer G. Phillips Hospital** St. **1403**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** **Isabell McCoy**

(a) Residence, No. **4243 Finney Avenue** St. **11** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George E. McCoy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown- 1898**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Canton**  
 (STATE OR COUNTRY) **Mississippi**

13. NAME **Alonzo Tyler**

14. BIRTHPLACE (CITY OR TOWN) **Canton**  
 (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Mary**

16. BIRTHPLACE (CITY OR TOWN) **Canton**  
 (STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Caesar Tyler**  
 (ADDRESS) **1126 N. Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **2/14/39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**  
 (ADDRESS) **4107-09 Finney Avenue**

20. FILED **FFB 13 1939**  
**J. F. Bridick**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 9th. 1939**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **11:45 p.m.**  
 The principal cause of death and related causes of importance were as follows:

*External and internal hemorrhage from penetrating wound of forehead left lung; suffered when stalled with knife in the handle of one year see above 11:44 p.m. Nov. 18 1938 on porch*

Other contributory causes of importance:  
**of home 2513 No. Broadway**

Name of operation..... **174** 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? **Accident** Date of injury **Nov. 8, 1939**  
 Where did injury occur? **of home 2513**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **See above**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify.....  
 (Signed) **Joseph M. [Signature]**  
 (Address) **1300 Clark Avenue**  
**Deputy Coroner**

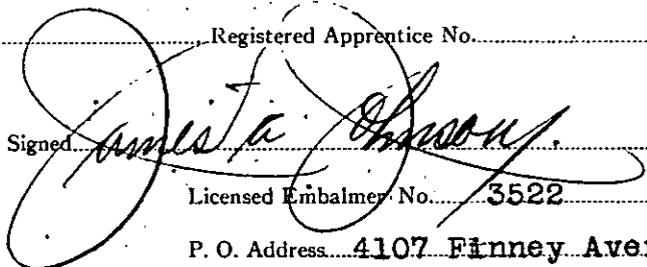
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

James A. Johnson  
working under my personal supervision.

Registered Apprentice No.....

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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 this body is not embalmed, above space should be left blank.**