

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

10485

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAMEJesse McCoy3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race Col.6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased. Aug.5.1909

(Month)

(Day)

(Year)

8. AGE

Years

Months

Days

If less than one day

30304326

hr.

min.

9. Birthplace Meridian

(City, town, or county)

Mississippi

(State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Levell McCoy

13. Birthplace _____

(City, town, or county)

Mississippi

(State or foreign country)

14. Maiden name Clara Durr

15. Birthplace _____

(City, town, or county)

Mississippi

(State or foreign country)

16. (a) Informant's own signature Levell McCoy(b) Address 114 Rankins17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec 7, 1939

(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Mary Wade(b) Address 4202 Gunney Ave.19. (a) DEC 7 1939

(Date received local registrar)

(b) J. D. Bunker

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 114 S Rankin
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1939 hour 11:00 minute 48 AM.

21. I hereby certify that I attended the deceased from
October 9, 1939, to December 1, 1939;

that I last saw him alive on December 1, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive nontuberculous Pleural Effu-
sion; Lymphatic Obstruction of rt leg

Duration

1-4 wks

Due to unknown as to primary
About 2 1/2 yrs

Due to Lymphatic obstruction
non malignant

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Richard C. Bunker (Specify type of place) (e) Means of injury _____
(M. D. or other)

Address 2601 N Whittier Date signed _____

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.