

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No. 2256

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Enroute City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether _____)
 In this community 20 Years
 (years, months or days)

3. (a) PRINT FULL NAME Emma A. McCoy
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 10, 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 26 hr. _____ min.

9. Birthplace Greenfield Michigan
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Amasa Ridenour
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Kerschner
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel Lodwick
 (b) Address 4001 Cleveland

17. (a) Burial (Burial, cremation, or removal) St. Matthews
 (b) Date thereof March 9, 1940
 (Month) (Day) (Year)

18. (a) Signature of funeral director A. H. M. Laughlin
 (b) Address 2301 Lafayette

19. (a) MAP 1940 (b) _____
 (Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1223 A Victor Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
 year 1940 hour 4 25 minute PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Septic Myocarditis
Chronic with Primary
Occlusion and
Sclerosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 93

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 Alfred P. Perry (Specify type of physician) _____ (M. D. or other)
 Address St. Louis Date signed 3.7.40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

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.....

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

working under my personal supervision.

Signed Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.