

No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41070

791

Registration District No.

Primary Registration District No. 1003

State File No.

10841

Registrar's No.

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Billye Coxsey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theodore Coxsey 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 27 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 3 17 hr. min.

9. Birthplace Scott County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name J. P. Belates

13. Birthplace Wilmington, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Marie Harrison

15. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Theodore Coxsey

(b) Address Berryville, Ark.

17. (a) Removal (b) Date thereof 12/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berryville, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 30 1940 (b) J. H. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County

(c) City or town Berryville
(If outside city or town limits, write "RURAL") N.R

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1940 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from
November 25 1940, to December 29 1940,
that I last saw her alive on December 29 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative hemorrhage, massive pulmonary artery following removal of st. upper & middle lobes of lungs on 12-10-40, necessitated by lung abscess resulting from old tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 11/26
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Bradley (M. D. Inspector)
Address BARNES HOSPITAL Date signed 12-29-40

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

MOTHER FATHER

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.....

J. S. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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, fact should be so stated above.