

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13240
State File No.

FILED MAY 13 1941

1003

3670
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1723
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1872 Menard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel McCoy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances McCoy 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March 8-1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Gardner (Relief)

11. Industry or business _____

12. Name Samuel McCoy

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

14. Maiden name Mina (Unknown)

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

16. (a) Informant Frances McCoy

(b) Address 1872 Menard

17. (a) Burial (b) Date thereof Apr 21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okwille, Kentucky

18. (a) Signature of funeral director Wm C. Proffitt

(b) Address 1926 Allen Ave

19. (a) APR 29 1941 (b) J. P. Debeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18,
year 1941 hour 5:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 12, 1941 to April 18, 1941
that I last saw h. alive on April 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic gangrene of left leg.
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Wm N. Elliott (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 4/28/41

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

0
7
9

3670

3670

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.....

Benz C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.