No. 2
-1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 19933

FILLED JUL 21 1948

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4745

**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 Homer G Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days In this community Life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 1718
(d) Street No. 3513 a Market (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lenore McCoy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, ~~widowed, married, divorced~~ 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 28 (Day) 1933 (Year)

8. AGE: Years 7 Months 11 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School girl

11. Industry or business

FATHER
12. Name Henry McCoy
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Clara Smith
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elnora McCoy
(b) Address 944 Maple Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
Russell Undt. Co.

18. (a) Signature of funeral director 2732 Pine Street
(b) Address

19. (a) JUN 7 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 4 year 1941 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from May 7 1941 to June 4 1941; that I last saw her alive on June 4 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Rheumatic Heart Disease | 1 mo |
| Acute Cardiac Dilitation | 1 mo |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. G. Peace (M. D. or other)
Address 2001 N Whittier Date signed 6/5/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Joel Russell

Licensed Embalmer No. 4119

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**