

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 684  
Registrar's No.

BUREAU OF THE CENSUS  
FILED FEB 1 1943

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution lyr. 3mos. 9days  
(Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
924  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2118 Cherokee St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Ethel McCoy  
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 Ruffus McCoy 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 13, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 8 8 ..hr. ..min.

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

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER { 12. Name Thomas Hale  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Hudson  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Hollan McCoy

(b) Address 3009a S. 13th St.

17. (a) Burial (b) Date thereof Jan 25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cm.

18. (a) Signature of funeral director Weick Brothers  
(b) Address 2201 S. Grand Bl.  
19. (a) JAN 23 1943 J. F. Brudack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21,  
year 1943 hour 1:50 minute P. M.  
21. I hereby certify that I attended the deceased from October 12, 1941 to January 21, 1943;  
that I last saw h. or alive on January 21, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma Duration  
2 years  
Due to 50  
Due to Site not known

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Multiple Myeloma PHYSICIAN  
—  
Underline the cause to which death should be charged statistically.  
Of operations.....  
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) (c) Means of injury.....  
23. Signature Eugene Weick (M, D, or other).....  
Address 1515 Lafayette Avenue Date signed 1/21/43

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

**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

*Wang A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**