

V. S. No. 2  
50M-5-42  
Rev. 5-17-38  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **6668**

ED AUG 18 1943  
Registration District No. **318** Primary Registration District No. **1003**

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

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:  
**5823 Nina Place**  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
**5823 Nina Pl.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MACK ARTHUR MCCOY**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **22**  
year **1943** hour **2:20** minute \_\_\_\_\_ P. M.

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Jean McCoy**  
6. (c) Age of husband or wife if alive **31** years  
7. Birth date of deceased **12 6 1911**  
(Month) (Day) (Year)

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 **Solanine Poisoning** Duration \_\_\_\_\_  
**when he was found dead in his room, 5823 Nina Pl., July 22, 1943, about 2:20 PM. CAUSE AND MANNER OF SAME DUE TO COULD NOT BE DETERMINED.**

8. AGE: Years Months Days If less than one day  
**31 7 14** hr. min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include dependency within 3 months of death)

9. Birthplace **Greencastle Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **Sacony Vacuum Co.**

12. Name **Samuel M. McCoy**  
13. Birthplace **Greencastle, Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary F. Dietrick**  
15. Birthplace **Greencastle, Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jean McCoy**  
(b) Address **5823 Nina Pl.**

17. (a) **Removal** (b) Date thereof **July 25, 1943**  
(City, town, or county) (City, town, or county) (Day) (Month) (Year)

(c) Place: burial or cremation **Attica Ind.**

18. (a) Signature of funeral director **Alexander [unclear]**  
(b) Address **6175 Delmar Blvd.**

19. (a) **9-2-10-7** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Open Verdict**  
(b) Date of occurrence **July 29, 1943**  
(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Found in home**  
While at work? **no** (Specify type of place) (e) Means of injury **poison**  
23. Signature **Thomas F. Alexander** (or other)  
Address **Deputy Coroner** Date signed **7-23-43**

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

**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.**