

FILED MAR 27 1944 318

Registration District No.

Primary Registration District 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:
Jewish 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 Elsie Coy3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... George Coy 6. (c) Age of husband or wife if alive..... 57 years
 7. Birth date of deceased..... October 16 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>3</u> hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Fred Fath
 13. Birthplace..... Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown Schmelenbach
 15. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant..... George Coy
 (b) Address..... Potosi, Missouri
 17. (a) Burial (b) Date thereof..... 3-22-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Concordia Cemetery

18. (a) Signature of funeral director..... Albert H. Hoppe(b) Address..... 24700 Washington Blvd.19. (a) MAR 26 1944 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Washington
 (c) City or town..... Potosi
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 19
year..... 1944 hour..... 9:30 minute..... P. M.21. I hereby certify that I attended the deceased from..... May 1943 to..... March 19 1944
that I last saw her alive on..... March 19 1944
and that death occurred on the date and hour stated above.Immediate cause of death.....
Carcinoma of the breast
Carcinoma P. 015

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
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)
(e) Means of injury.....23. Signature..... Harlan W. Meyer (M. D. or other) MD.Address..... 508 N. Grand Date signed..... 3/20/44

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 *John Egonoski*
.....
Licensed Embalmer No. *3398*
.....
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.