

FILED FEB 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 938

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:
5317 Northland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5317 Northland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary McCoy

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1945 hour 5:20 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 22nd, 1944 to Jan 24, 1945;
that I last saw her alive on Jan 24, 1945;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color on race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Martin

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

7. Birth date of deceased April 4, 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Arterio Sclerosis 3 1/2 years

Due to Hypertension 5 years

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 9 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER { 12. Name Peter Rogers 14

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

14. Maiden name Mary Maguire

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

16. (a) Informant James P. McCoy

(b) Address 5317 Northland

17. (a) Burial (b) Date thereof 1/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. A. Howard

(b) Address 2619 S. Grand

19. (a) JAN 30 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 James A. Dickey (M. D. or other) _____
Address 2645 1/2 Union Bl Date signed 1/26/45

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

0. 2
2-43
7-39
X33697

836

836

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 Gas A. Howard
Licensed Embalmer No. 4139
P. O. Address 4212 St. Louis

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.