

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 00015

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 20 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4639 Vernon
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas McCoy

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19, year 1945 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 14, 1945 to April 19, 1945.
that I last saw h. alive on April 19, 1945.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Sena McCoy

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 12 (Month) 1882 (Day) (Year)

Immediate cause of death Arteriosclerotic Heart Disease with De compensation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93%

8. AGE: Years 62 Months 1 Days 29
abt 25 to 8

If less than one day _____ hr. _____ min.

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

10. Usual occupation unemployed

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Frank McCoy

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

14. Maiden name Wanda Burdon

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

16. (a) Informant Linda Carr

(b) Address 4639 Vernon Ave

17. (a) Burial (b) Date thereof 4-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Murrish

(b) Address 3517 Locust Ave

19. (a) APR 24 1945 (b) J. F. Murrish
(Date received local registrar) (Registrar's signature)

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 J. F. Murrish M. D. or other _____
Address 2201 W. Hutchins Date signed 4/20/45

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 *W. M. Green*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3517 Seaside Ave*.....

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.