

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38871

FILED JUN 9 1945

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Elizabeth McCoy

3. (b) If veteran, name war Nil 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 Daniel McCoy
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Ballard
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth McCoy

(b) Address 4914 Northland Pl.

17. (a) Burial (b) Date thereof 5-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.
19. (a) MAY 28 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 5/25/45 to 5/25/45, 19____, and that death occurred on the date and hour stated above.

that I last saw him alive on 5/24/45, 19____.

Immediate cause of death Cerebral thrombosis 2 wks

Due to art school 83

Due to _____

Other conditions hypertension 15 yrs.
(Include pregnancy within 3 months of death)

Major findings: _____

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 OT Hall (M. D. or other) nd
Address Hubert Hwy Date signed 5/25/45

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

17
9

MOTHER FATHER

JUL 6 1948

JUL 7 1948

MAY 6 1947

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. Wilkins

Licensed Embalmer No. 3575

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.