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#43307

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22234

State File No.

Registration District No. 318 Primary Registration District No. Registrar's No. 5970

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4201 GRATIOT ST 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marlyn Mc Coy

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 28 (Day) 1944 (Year)

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

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

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER

12. Name JOHN RILEY McCoy

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

14. Maiden name ESTELLE ANN LAWSON

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

16. (a) Informant JOHN McCoy

(b) Address 4201 GRATIOT ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation FLAT RIVER, MO

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4200 WASHINGTON

19. (a) JUL 9 1945 (Date received local registrar) (b) J. Medcalf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1945 hour 1808 minute A. M.

21. I hereby certify that I attended the deceased from 6/22/45, 19..., to 7/8/45, 19...; that I last saw her alive on 7/8/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea with Jaundice

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George N. Donnell (M. D. or other)

Address 1515 Lafayette Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.