. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35156

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10243

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: Enroute to City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3817 Washington Ave. 19
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shirley Jean Coxey

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 3 (Day) 1936 (Year)

8. AGE: Years 9 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Bismarck (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Walter P. Coxey
13. Birthplace Bismarck (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ava B. Studdard
15. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ava Coxey
(b) Address 3817 Washington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

NOV 27 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1945 hour 7 minute 35 A.M.

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

Immediate cause of death 1. Fracture of the skull 2 Subdural hemorrhage of brain when she was found dead in the alley in the rear of 1437 24th Street around 7.35 A.M. Nov. 23, 1945

Due to Homicide at the hand of party

Other conditions parties unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168
Of autopsy

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) Homicide
(b) Date of occurrence Nov. 23 1945
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public alley (Specify type of place)
While at work? (e) Means of injury Ashore

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 11-24-45

(Licensed Embalmer's Statement on Reverse Side)

10243

10243

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 Ogonoski

Licensed Embalmer No. 2398

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.