

FILED MAY 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. 18665

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4639

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours
(Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Jimmie Lee McCoy

3. (b) If veteran, name war - 3. (c) Social Security No. 495-12-5685

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 40 Months ? Days ? If less than one day hr. min.

9. Birthplace Hot Springs Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver & Hauling

11. Industry or business Own Business

12. Name King McCoy

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

14. Maiden name Carrie Williams

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

16. (a) Informant King McCoy jr.-Brother

(b) Address 3447 Pine St. St. Louis, Mo.

17. (a) Burial (b) Date thereof May 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director George W. Kazer
(b) Address 2829 Washington Ave. St. Louis

19. (a) MAY 23 1946 (b) J. F. Bredner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3900 West Belle Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18
year 1946 hour 10 minute 30 P.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 Enteroger Hemorrhage

Due to Capital Graham over

prostration of a gun belonging

Due to the accident in a tavern

located at 3448 Pine St.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 May 1946

(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 of Physician (M.D. or other) Date signed 5/21/46

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

Chas. L. Howell

Licensed Embalmer No.

2452

P. O. Address

2834 Gamble

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.