V. S. No. 2
0M—1/47
ev. 5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT #611 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32762

Registration District No. 318 | Primary Registration District No. | Registrar's No. 8943

1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 220
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4963 Blow 1
(If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANCES MCCOY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1858 (Year)

8. AGE: Years 89 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Thomas Kingen
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Chittenden
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant L. Hays
(b) Address 5447 Tholozan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) SEP 25 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd year 1947 hour 3:25 minute P M.
21. I hereby certify that I attended the deceased from 9/19/47, 19..., to Sept. 23rd, 1947; that I last saw her alive on Sept. 23rd, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 days
Due to: Arteriosclerosis	
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: Myocardial infarction	

PHYSICIAN — Underline the cause of 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 F. F. Martin (M. D. or other)
Address 1515 Lafayette Date signed 9/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.