No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2799
Registrar's No. 1071

Registration District No. 318 Primary Registration District No. 1003

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 26 Years
years, months or days)

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. 2523 Baldwin
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Thomas McCoin
3. (b) If veteran, name war None
3. (c) Social Security No. 499-01-3427
4. Sex Male
5. Color or race Col.
6. (a) Single, married, divorced Married
6. (b) Name of husband or wife Mattie. McCoin.
6. (c) Age of husband or wife if alive 14th 50 years
7. Birth date of deceased August. (Month) (Day) 1887 (Year)

8. AGE: Years 60 Months 5 Days 15 If less than one day hr. min.
9. Birthplace SlateSprings Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Janitor Custodian
11. Industry or business City Of ST. Louis.
FATHER
12. Name Renolds McCoin.
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nelley Unknown
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)
16. (a) Informant Mattie McCoin
(b) Address 2523, North Balwin Street
17. (a) Burial (b) Date thereof 2/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Estella L White
(b) Address 2616, North Garrison Ave
19. (a) FEB 2 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 29
year 1948 hour 12 minute 25 p M.
21. I hereby certify that I attended the deceased from Jan. 24, 1948 to Jan. 29, 1948
that I last saw him alive on Jan. 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ORGANIC BRAIN DISEASE -- Vascular	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Herbert J Crown (M. D. or other)
Address 2601 N Whittier Date signed 1/31/48

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

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 F. E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 8441

P. O. Address 2829 Washington

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.