FEDERAL SECURITY AGENCY
Central Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

100 State File No. 6688

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 1368

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 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 000

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

(d) Street No. 1017a Eiler Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James P. McCoy

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Unknown

4. Sex Male 0

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 March (Month) 31 (Day) 1898 (Year)

8. AGE: Years 49 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business

FATHER
12. Name Martin McCoy 4
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Rogers 4
15. Birthplace (City, town, or county) Ireland (State or foreign country) 1

16. (a) Informant Anna McCoy
(b) Address 1017a Eiler Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 18th, 1947, to Feb 5th, 1948, that I last saw him alive on Feb 5th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to Hypertension	3 yrs
Due to Chronic Nephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature James A. Sullivan (M. D. ~~or other~~)

Address 2864 N Union Bl Date signed 2/6/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....B W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.