

FILED AUG 13 1948

Registration District No. 387

Primary Registration District No. 6076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10307 BALTIMORE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years (years, months or days)

3. (a) PRINT FULL NAME JULIAS H. MC COY
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife LEADER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 7, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>14</u>	hr. min.

9. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation MINNER RETIRED

11. Industry or business LEAD MINES

MOTHER, FATHER {
12. Name ANDREW MC COY 4
13. Birthplace IRELAND
14. Maiden name ELIZABETH WILLIAMS
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. E. ROSE
(b) Address 10307 BALTIMORE

17. (a) BURIAL (b) Date thereof JULY 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HERRIOT CEMETARY

18. (a) Signature of funeral director C. L. Dayer
(b) Address 4660 Maryland, St. Louis

19. (a) 7-23-48 (b) Paul A. [Signature]
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 10307 BALTIMORE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 6 minute 25 M.
21. I hereby certify that I attended the deceased from July 23,
1948 to _____, 19____;
that I last saw him alive on July 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 2 wks.
Due to Sclerosis 15 yrs.

Due to 114
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
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) _____
(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?

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature Harry K. Purcell (M. D. or other) M.D.
Address 4660 Maryland, St. Louis Date signed 7/28/48

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

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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 *J. T. Loyer*
.....
Licensed Embalmer No. *3660*
.....
P. O. Address *Sealock, Mo.*

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.