

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6481

State File No. 2009

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. LENGTH OF STAY (in this place) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		
3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) B. c. (Last) McCoy		4. DATE OF DEATH (Month) (Day) (Year) 2 - 25 - 50		
5. SEX female	6. COLOR OR RACE negro	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 29, 1894	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Madison County, Miss	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Johnson		13b. MOTHER'S MAIDEN NAME Caroline Jones	14. NAME OF HUSBAND OR WIFE John McCoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline B. McCoy 1334a Franklin	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:35 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Cliff Henry Deputy Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/3/50	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County MO	
DATE REC'D BY LOCAL REG. OFFICE MAR 2 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave.		

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

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Emb Cert to be filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.