No. 300
10-48

001

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

FILED MAR 8 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7079

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3067 Registrar's No. 532

**1. PLACE OF DEATH**
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ladue
c. LENGTH OF STAY (In this place): 5-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): # 50 Willow Hill Road

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ladue
d. STREET ADDRESS (If rural, give location): # 50 Willow Hill Road

43 1 1 4 3 1 4 1 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ada
b. (Middle): L.
c. (Last): Coy

**4. DATE OF DEATH** (Month) (Day) (Year): Feb.28,1950

**5. SEX**: F.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): S. 11
**8. DATE OF BIRTH**: Apr.22,1863
**9. AGE** (In years last birthday): 86 — If under 1 year: Months 10, Days 6; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St.Louis,Mo.
0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: William H.Coy
**13b. MOTHER'S MAIDEN NAME**: Mary Maguire
**14. NAME OF HUSBAND OR WIFE**:
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mr.Charles I.Coy,# 50 Willow Hill Road

**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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive heart disease — Many years
DUE TO (c) arterio sclerosis generalized — Many years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
4431
**20. AUTOPSY?** YES ☐ NO ☒

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour):
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* Nov. 23, 1945, *to* Feb. 28, 1950, *that I last saw the deceased alive on* Feb. 28, 1950, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. G. Newman (Degree or title) M.D.
**23b. ADDRESS**: 3720 Washington ave.
**23c. DATE SIGNED**: Mar 1-1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: March 3,1950
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis,Mo.

**DATE REC'D BY LOCAL REG.**: MAR 1 1950
**REGISTRAR'S SIGNATURE**: Herbert R. Wombe MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Arthur J. Donnelly
**ADDRESS**: 3840 Lindell Blvd.

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.