

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6389

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 1259

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5150, Minervita Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alma</u> c. (Last) <u>McCoy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 6th, -1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPERATED (Specify) <u>Seperated</u>	
8. DATE OF BIRTH <u>9-14th-1916</u>		9. AGE (In years last birthday) <u>34</u>		10. UNDER 1 YEAR: Months <u>5</u> Days <u>2</u> Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestiotis</u>		11. BIRTHPLACE (State or foreign country) <u>Brownville Haywood Co. Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>John Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Singleton</u>		14. NAME OF HUSBAND OR WIFE <u>Dinnis McCoy</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MoBeatrice Douglas</u> ADDRESS <u>5150, Minervita Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Encephalomyelitis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomyelitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus infection</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>082X</u>	
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22. I hereby certify that I attended the deceased from 2-1-50, 1950, to 2-6-51, 1951, that I last saw the deceased alive on 2-6-51, 1951, and that death occurred at 12:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Egan M.D.</u> (Degree or title)		23b. ADDRESS <u>11 N. Jefferson</u>		23c. DATE SIGNED <u>2-7-51</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery ST. Louis</u>	
				24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	

DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>J. B. Fester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bursten Walker</u> ADDRESS <u>3506, Franklin Ave</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE MAINLY—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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740 Cupples Pl

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.