

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35361**
8564
Registrar's No.

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).			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 48 RICHMONDS HEIGHTS 4485			
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				d. STREET ADDRESS (If rural, give location) 1229 BELLEVUE AVE. /			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) ARTHUR			b. (Middle) BERNARD			c. (Last) MCCOY	
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /			8. DATE OF BIRTH 11/6/1891	
9. AGE (In years last birthday) 59			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers Agent		11. BIRTHPLACE (State or foreign country) Chicago Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John McCoy		13b. MOTHER'S MAIDEN NAME Alice McGuire		14. NAME OF HUSBAND OR WIFE Lorraine E Wentzel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1		17. INFORMANT'S SIGNATURE OR NAME Mrs S. Roy Millhouse, Birmingham, Ala.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatic Insufficiency - (Post-Operative)			INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Diabetes mellitus			1947
				DUE TO (c) Renne's Cirrhosis of Liver			1947
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Degenerative Heart Disease with Chr. Aur. Fibrillation			1949
19a. DATE OF OPERATION 9/21/51		19b. MAJOR FINDINGS OF OPERATION Varices of Esophagus & Stomach Cirrhosis of Liver.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5811			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>9/25/51</u> , 19____, that I last saw the deceased alive on <u>9/25/51</u> , 19____, and that death occurred at <u>8:15 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Koy Greenbaum (Degree or title) M. D.				23b. ADDRESS Metropolitan Bldg.		23c. DATE SIGNED 9/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/28/51	24c. NAME OF CEMETERY OR CREMATORY Ressurrection		24d. LOCATION (City, town, or county) (State) St. Louis, County Missouri		
DATE REC'D BY LOCAL REG. SEP 28 1951		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road ADDRESS			

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

VS. SEP 22 1959

1561 9 AGE

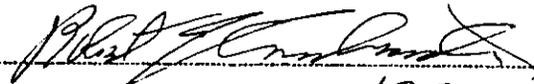
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.