

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33186

State File No. _____

S. No. 300
V. 10.48

LEDOCT 4 1952
BIRTH NO. 64777 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8936

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
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 Montgomery City 072-11	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Mc Coy c. (Last) Mc Coy		4. DATE OF DEATH (Month) (Day) (Year) September 17 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) /	8. DATE OF BIRTH September 14 1952
9. AGE (In years last birthday) 3		10. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		12. CITIZEN OF WHAT COUNTRY? /	

13a. FATHER'S NAME Ellis Spencer Mc Coy	13b. MOTHER'S MAIDEN NAME Margaret Emily Brandenburg	14. NAME OF HUSBAND OR WIFE /
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ellis & Margaret Mc Coy	ADDRESS (Above)
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subarachnoid hemorrhage ② Transverse junction of heart DUE TO (b) DUE TO (c) Prematurity - 36 wks.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 9/15/52	19b. MAJOR FINDINGS OF OPERATION Subarachnoid hemorrhage, Transverse junction	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) OF DEATH St Louis MO
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 3544

22. I hereby certify that I attended the deceased from Sept 14, 1952, to Sept 17, 1952, that I last saw the deceased alive on Sept 17, 1952, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Herman	(Degree or title)	23b. ADDRESS 1000 S. Olive St. St. Louis, Mo	23c. DATE SIGNED 9/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) n	24b. DATE 9-30-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St Louis, Mo

DATE REC'D BY LOCAL REG. SEP 25 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Howland	ADDRESS 4104 Manchester
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.....

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.