

STANDARD CERTIFICATE OF DEATH

5812

State File No.

No. 300
10-48

10564-54
FILED FEB 23 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 33-

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1032 Howell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judith</u> b. (Middle) <u>Ann</u> c. (Last) <u>McCoy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Feb. 16, 1954</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR <u>0</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert McCoy</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Boehle</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert McCoy, Saint Charles, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Chronic Fibrosis</u> II. OTHER SIGNIFICANT CONDITIONS; <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>7025</u>		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 16, 1954 to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter B. Fisher, M.D.</u>		23b. ADDRESS <u>St. Peter's Cemetery, Saint Charles, Mo.</u>		23c. DATE SIGNED <u>2/17/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 17 1954</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. Dallinger & Son, St. Charles, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Note: This body was not embalmed
W. C. Hallmeyer & Son

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.