

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20905**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4933**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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 OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute Homer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>2109 3943 St. Louis Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) _____ c. (Last) <u>McCoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-28-1937</u>
9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Odie McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Brown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Odie McCoy 3943 St. Louis Ave.</u>	
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* (a) <u>Shotgun wounds of Heart and Lungs; suffered when shot by 12th shot gun in hands of one Woodrow Taylor, in home at 3943 St. Louis Ave. about 5:20 pm May 30 1954.</u>		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 <u>Accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Shot dead</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 30 54 5:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>020 E9190</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above. <u>19</u>			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>1300 Clair</u>	
23c. DATE SIGNED <u>6/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
DATE REC'D BY LOCAL REG. <u>JUN 3 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home 2820 Stoddard St.</u>	

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.....  
Signature of Student Embalmer

Signed *Fulton E. Calkins*.....

Licensed Embalmer No. *498*.....

P. O. Address *St. Paul*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.