

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10666

State File No.

FILED APR 12 1957

BIRTH NO. 97628-5L

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2498

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>EAST ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>322 1832A MARKET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CELESTRA</u> b. (Middle) <u>STELLA</u> c. (Last) <u>McCoy</u>			4. DATE OF DEATH		5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>12-20-56</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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 (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>OSIE MCCOY</u>			13b. MOTHER'S MAIDEN NAME <u>RUTH KENNEDY</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
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 ADDRESS <u>Sharon T. Heston, 500 S. Kings Highway</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>MALNUTRITION</u>						9269	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MATERNAL Deprivation</u> DUE TO (c) <u>MATERNAL Psychosis</u>							
		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>46</u>						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) (STATE)					
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?					
22. I hereby certify that I attended the deceased from <u>3-8</u> , 1957, to <u>3-10</u> , 1957, that I last saw the deceased alive on <u>3-10</u> , 1957, and that death occurred at <u>9:15 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Barbara Jones m. B.</u>				23b. ADDRESS <u>St. Louis 500 S Kings Highway</u>			23c. DATE SIGNED <u>3/10/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/12/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Centreville Township, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>MAR 13 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D. Officer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Eddie Bate</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 *Bess H. Baldwin*.....

Licensed Embalmer No. *2420*.....

P. O. Address *721 N. 21st St*.....

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.