

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019245

STATE FILE NUMBER

318

Primary Registration District No. 1003

Registrar's No. 4710

AMENDED

Registration District No. 2
FILED JUN 2 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP, range and section) <u>St Louis, Mo</u> | | c. CITY OR TOWN <u>St Louis, Mo</u> | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <u>1016 10th St</u> | | d. STREET ADDRESS <u>1016 10th St</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>E.</u> Last <u>McCoy</u> | | 4. DATE OF DEATH Month <u>7</u> Day <u>14</u> Year <u>61</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) |
| <u>office</u> | | <u>None</u> | <u>Ireland, Ire.</u> |
| 13a. FATHER'S NAME <u>Walter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Walter</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) | | 17. INFORMATION Address <u>1300 Clark</u> | |
| 18. CAUSE OR DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) | | <u>434.1</u> | |
| DUE TO (b) | | <u>Congestive heart failure</u> | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Patrick E. Taylor, M.D.</u> | | 22b. ADDRESS <u>1300 Clark</u> | 22c. DATE SIGNED <u>5/11/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>MAY 31 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Rowland-Aker Mortuary</u> <u>4104 Manchester Ave</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAY 18 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</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 _____

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.