

No. 2
4-13-40
5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16970

State File No. 4488
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Jewell May Coy

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Claude Coy 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug. 17 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>9</u>	<u>10</u>hr.min.

9. Birthplace Emminence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name J. A. Summers

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Laura Shedd

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claudie Coy

(b) Address Granite City, Ill.

17. (a) Removal (b) Date thereof 5/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 28 1941 (b) [Signature]
(Date received from local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 1921 Quincy
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 26 1941, to May 27 1941;
that I last saw her alive on May 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with generalized metastasis to right lung and pleura

Due to.....

Due to.....

Other conditions superior vena caval obstruction
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature FR Bradley (M. D. or other).....

Address BARNES HOSPITAL Date signed 5-22-41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Welford M. Burnley

..... Licensed Embalmer No. *4202*.....

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.