

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7228**

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 222

| | | | |
|---|----------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Ladue</u> | | c. CITY OR TOWN <u>Ladue</u> <u>443</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | e. STREET ADDRESS (If rural, give location) <u># 50 Willow Hill Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u># 50 Willow Hill Road</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>I.</u> c. (Last) <u>Coy</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1954</u> |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> | 8. DATE OF BIRTH <u>Oct. 3, 1869</u> |
| 9. AGE (In years) (last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Buyer - Nat'l.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>William Coy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary McGuire</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. Adelaide Coy</u> | | | |
| 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 <u>Mrs. Adelaide Coy, # 50 Willow Hill Road</u> | | ADDRESS <u># 50 Willow Hill Road</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Generalized arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | | 15 yrs. | |
| | | 15 yrs. | |
| | | 10 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 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>Feb.</u> , 19 <u>42</u> to <u>Jan. 23, 1954</u> , that I last saw the deceased alive on <u>Jan. 23, 1954</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. J. Newman</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>3720 Washington</u> | |
| 23c. DATE SIGNED <u>Jan. 25-1954</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Jan. 26, 1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-25-54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Sommel</u> | | ADDRESS <u>810 Lindell Blvd.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48

7001

WRITE PLAINLY—USING 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. S. DeFord*.....

Licensed Embalmer No. 46
P. O. Address *M. P. ...*

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.