

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

SEP 25 1934

31532

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248A  
 City Jefferson Barracks (No. Veterans Administration Facility St.            Ward           )

File No.           

Registered No. 319

**2. FULL NAME** Willie B. - McINTOSH

(a) Residence, No. 4759 Woodstock Ave. St.            Ward. St. Louis, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred UA yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
41 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Various work

10. Date deceased last worked at this occupation (month and year) August 1933 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Trigg County  
 (STATE OR COUNTRY) Kentucky

13. NAME Benjamin F. McIntosh

14. BIRTHPLACE (CITY OR TOWN) Trigg County  
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Belle Nanny

16. BIRTHPLACE (CITY OR TOWN) Stewart County  
 (STATE OR COUNTRY) Tennessee

17. INFORMANT C. H. SMITH, M.D. Clinical Director,  
 (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Lebanon Cem. DATE Aug. 30, 1934

19. UNDERTAKER C. Hoffmeister & Co.  
 (ADDRESS) 7874 So. Broadway.

20. FILED 8-29 1934 03 4 Gate MD  
 Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1934, to August 28, 1934

I last saw him alive on August 28, 1934 Death is said to have occurred on the date stated above, at 8:45a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Unknown

Other contributory causes of importance:  
Hypertension, severe; Nephritis, Chronic; Cardiac Hypertrophy

Name of operation No Date of             
 Clinical manifestations X-ray  
 Was test confirmed diagnosis? Yes Was there an autopsy? Yes  
Laboratory & Autopsy findings

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?            Date of injury           , 19          

Where did injury occur?            (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury             
 Nature of injury           

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify           

(Signed) W. H. GILSON, M.D. Registrar,  
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE FORM NO. 1, WITH CHANGES THEREIN, IS A PERMANENT RECORD

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