

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.

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis, Mo.** (No. **5351 Delmar Blvd.**) ..... St. .... Ward)

32752

File No. ....  
Registered No. **8629**

2. FULL NAME

**Mrs. Florence Lee McIntyre**

(a) Residence, No. **5351 Delmar Plvd, St. Louis, Mo.**, **12** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred **13 yrs. 11 mos. 19 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John H. McIntyre</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 18, 1852</b>		
7. AGE	YEARS <b>84</b>	MONTHS <b>5</b>
	DAYS <b>2</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Ret. House wife</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>New York City, New York</b>		
MOTHER FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
	15. MAIDEN NAME <b>Mary Barrett</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT (ADDRESS) <b>Mrs. Delvath Walker, 3351 Delmar Blvd, City</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Oak Hill Cem.</b> DATE <b>Aug 21 1936</b>		
19. UNDERTAKER (ADDRESS) <b>Alexander &amp; Sons, 617 1/2 Delmar Blvd</b>		
20. FILED <b>AUG 20 1936</b> <b>J. Bredek</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10, 1934**, 19... to **Aug. 20, 1936**, 19...  
I last saw her alive on **Aug. 19, 1936**, 19... Death is said to have occurred on the date stated above, at **12.45 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** Date of onset **2 yrs.**

Other contributory causes of importance:  
**Senility** **1 yr.**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Phy. Exam.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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? **No**  
If so, specify .....  
(Signed) **Polon Capron** M. D.  
(Address) **508 N. Grand Blvd.**

