

MAY 7 1937

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. **1003**
City St. Louis (No. City Hospital No. 1)
B. 389 St. Ward

File No. **14316**
Registered No. **3812**

2. FULL NAME

(a) Residence, No. Baby McIntosh
(Usual place of abode) 3928 North 20th 26 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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 single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
stillborn

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

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) St. Louis, Missouri

13. NAME Eugene McIntosh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Oma Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Info. M. H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballington Mo. DATE April 10 1937

19. UNDERTAKER J. W. McNeuphan
(ADDRESS) 2301 Lafayette

20. FILED Apr 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/9/37, 19, to 4/9/37, 19.

I last saw her alive on 4/9/37, 19. Death is said to have occurred on the date stated above, at 2.18 PM

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

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. G. Anderson, M. D.

(Address) City Hospital No. 1

Registrar.

OCCUPATION

FATHER

MOTHER

Date of onset

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.

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, NEW YORK (100-100000)

DATE: 10/10/50

RE: [Illegible]

[Illegible]