NOV 23 1937

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

38875
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 225
(c) City Richmond Heights (d) Street No. 7469 Hiawatha — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Duncan W. McIntyre
(a) Residence, No. 7469 Hiawatha St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. McIntyre
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13, 1861
7. AGE: 36 YEARS: 75 MONTHS: 10 DAYS: 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Custodian
9. Industry or business in which work was done, as saw mill, bank, etc.: City Hall
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

FATHER
13. NAME: Duncan McIntyre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Sarah Waddel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mary E. McIntyre 7469 Hiawatha —
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peter's Cem. DATE: Oct. 25, 1937
19. FUNERAL DIRECTOR (ADDRESS): M. J. Cleghan 7146 Manchester ave.
20. FILED: Oct. 23, 1937 Sam A. Bassett, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Liquid poison (Phenol)	10/22/37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Sig. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Suicide Date of injury: 10/22, 1937
Where did injury occur? Richmond Heights mo (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Home Suicide by taking phenol
Nature of injury: phenol poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John D. Connell, M. D.
(Address) Former St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)