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No. 2
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AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23345

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5790

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3857 Washington Blvd.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Herman McIntosh 253

3. (b) If veteran, name war No

3. (c) Social Security No. 188-07-2279

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 10, 1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Sigourney Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Salesman-Hardware 9

11. Industry or business

FATHER
12. Name Frank H. McIntosh 1
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thirsa Tipton
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Nellie M. Henkes
(b) Address Chicago Illinois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Blvd.,

19. (a) JUL 9 1940 (Date received local registrar) (b) J. F. Rosebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8, year 1940 hour 7:50 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 8, 1940; that I last saw him alive on July 8, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis.	
Due to arteriosclerosis.	
Due to Syphilis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None.	
Of autopsy None.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature James T. Murphy (M. D. or other)
Address 1515 Lafayette, Date signed 7/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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 this body is not embalmed, above space should be left blank.