

Registration District No. **291**Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
En Route to City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Louis M. McIntosh3. (b) If veteran, name war *****3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife If alive _____ years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 56 hr. min.9. Birthplace Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Cook11. Industry or business Unemployed12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James J. Fitzmaurice(b) Address Coroners Office17. (a) Burial (b) Date thereof Dec 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Paduach Kentucky18. (a) Signature of funeral director Peetz Brothers(b) Address 3029 Lafayette Ave19. (a) DEC 21 1940 (b) J. W. Peetz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2301 N. 13th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

No Physician in Attendance

20. DATE OF DEATH: Month 20th day December
 year 1940 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the _____ date and hour stated above.

Immediate cause of death Cranial laceration due to
Laceration of left arm
Self inflicted with razor
 Due to Blade at his home
2301 N. 13th St. on or about
 Due to Dec 20, 1940 exact time
Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: SuicideOf operations 168

Of autopsy _____

Underline the cause to which death should be charged statistically.

PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence Dec 20, 1940(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
76 Home
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature James J. Fitzmaurice (Mr., Dr., or other)

Address _____ Date signed _____

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 Frank J. Owens

Licensed Embalmer No. 2245

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.