DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22677

State File No.

Registration District No. 784 FILED JUL 7 1941

Primary Registration District No. 200

Registrar's No. 1262

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kach (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robt Koch Hosp. () (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 126 days (Specify whether

In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4349 Page (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — /

3. (a) PRINT FULL NAME LOIS J. McINTOSH

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex F 3

5. Color or race negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 20 (Day) 1926 (Year)

8. AGE: Years 14 Months 5 Days 24 If less than one day — hr. min.

9. Birthplace St Louis (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation student

11. Industry or business school

FATHER
12. Name John McIntosh
13. Birthplace Topeka (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Clara Moseley
15. Birthplace Yazoo City (City, town, or county) Miss. (State or foreign country)

16. (a) Informant mother

(b) Address 4349 Page

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUN 18 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13 year 1941 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2-7 1941, to 6-13 1941, that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mo +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 [illegible]

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) O

Address Kach, Mo Date signed 6/14/41

B.C. (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 James A. Johnson,

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.