V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5446

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 1250

1. PLACE OF DEATH:

(a) County

(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: 3949 North Euclid Avenue, /
(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)

2. USUAL RESIDENCE OF DECEASED: 000 17 97

(a) State Missouri (b) County

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

(d) Street No. 3949 North Euclid Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John B. Mc Intyre

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma Mc Intyre

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 4th (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	4	hr. min.

9. Birthplace Hannibal, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

MOTHER FATHER

12. Name Mc Intyre

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name (unknown)

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Mc Intyre-wife

(b) Address 3949 North Euclid Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) FEB 8 1944 (Date received local registrar) (b) J. F. Bussick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 8th year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1 1944 to Feb. 8 1944 that I last saw him alive on Feb. 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertrophic arteriosclerosis

Due to

Due to

Other conditions Chronic Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Duration

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) No

(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 0

23. Signature A. D. Bruce (M. D. or other)

Address 4901a Easton Ave 13 Date signed 2/8/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henke
Easton & Euclid Ave.,
4901 Easton
Fo. 3921

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 Albert I. Mayfield
Albert I. Mayfield
Licensed Embalmer No. #. 03077

P.O. Address St. Louis, Missouri,

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, fact should be so stated above.