

3. No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4547

State File No.....

FILED MAR 9 1945

Registrar's No. 1764

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2225 Cass Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 0
(If outside city or town limits, write "RURAL") 9 20

(d) Street No. 2225 Cass Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME OSIE CARTER MC INTYRE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis McIntyre 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3rd, 1903
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

41 9 14 .hr. _____ min.

9. Birthplace Brownsville Tenn.!
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Carter

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Carter

15. Birthplace Brownsville Tenn 9
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Carter

(b) Address 2225 Cass Ave.

17. (a) Burial (b) Date thereof 2-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.,

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St.

19. (a) FEB 23 1945 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(a) Months of injury 3

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 2/19/45

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

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 *P. Normis*

..... Registered Apprentice No. *117*
working under my personal supervision.

Signed *Lorraine Boykin*

Licensed Embalmer No. *294*

P. O. Address *St. Louis Mo*

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.