

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4452

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Joseph McIntosh  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid.  
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 14 1886  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 3 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace South Car.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter G McIntosh  
 13. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Deil  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant myrtle martin  
 (b) Address 2134 Francis  
 17. (a) Removal (b) Date thereof MAY 17 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation high rock ark.  
 18. (a) Signature of funeral director English  
 (b) Address 99 31 Lucas Ave  
 19. (a) MAY 17 1946 (b) Signature J. F. Bredeef  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County oac  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2219 Market St. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
 year 1946 hour 8 minute 10 A.  
 21. I hereby certify that I attended the deceased from May 13 19 46 to May 15 19 46  
 that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy Yes

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?

23. Signature E. B. Williams (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Address 2601 N Whittier (M. D. or other) \_\_\_\_\_  
 Date signed 5/17/46

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

17530

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**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 Burleson English  
Licensed Embalmer No. 4208  
P. O. Address 2931 Lucas, Ave

**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.**