

S. No. 2
DM-2-43
v. 5-17-39
I X35697

31438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2028

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade
 (c) City or town Red Bird
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: Jane McIntosh
 3. (b) If veteran, name war Nil
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27
 year 1946 hour 6:45 minute _____ P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Granville McIntosh
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 9
 _____, 1946, to Sept 27, 1946
 that I last saw her alive on Sept 26, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death acute cardiac failure sudden

9. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to Chr. myocarditis
 Due to 93d

11. Industry or business
MOTHER FATHER
 12. Name George Sewell
 13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Serena Pryor
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. P. Scheel
 (b) Address 4122a Botanical Ave.
 17. (a) Burial (b) Date thereof 9-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Red Bird, Missouri

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) 10-1-46 (b) Ruth Allen
(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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Ch. Denny (M. D. or other) MD
 Address Crown Center Mo Date signed 9-28-46

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 John Agnoski
Licensed Embalmer No. 3398
P. O. Address.....

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.