

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34808

State File No. \_\_\_\_\_

Registrar's No. 2069

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County... St. Louis  
 (b) City or town... Jefferson Barracks, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Vet. Adm. Hosp. Jeff. Brks., Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... since  
 In this community... September 28, 1946 (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 014  
 (c) City or town... St. Louis (If outside city or town limits, write "RURAL") 17  
 (d) Street No... 918 St. Louis Avenue (If rural, give location) 9  
 (e) Citizen of foreign country? no (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Teddy T. McIntyre  
 3. (b) If veteran, name war World-War #2  
 3. (c) Social Security No. 498 03 6005

4. Sex male ( ) 5. Color or race white  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife... Zelma McIntyre  
 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased... February 14 1904  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>7</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business none

MOTHER FATHER {  
 12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country) 7  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country) 9

16. (a) Informant Registrar

(b) Address Vet. Adm. Hosp. Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof Oct. 5-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address St. Louis, Missouri 1781 S. Broadway

19. (a) 10-2-46 (b) [Signature]  
 (Date received local registrar) (Registrar's signature) NSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2  
 year 1946 hour 4:20 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from September 28 1946 to October 2 1946  
 and that death occurred on the date and hour stated above.  
 that I last saw him im alive on October 2 1946.

Immediate cause of death MYOSITIS - GENERALIZED Duration \_\_\_\_\_  
(DERMATO-MYOSITIS) UNK

Due to \_\_\_\_\_ 156-B

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

Other conditions... ASPHYXIA UNK  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations... none performed

Of autopsy... no 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?

While at work? [Signature] (Specify type of place) \_\_\_\_\_  
 ( ) Means of injury \_\_\_\_\_  
 Signature L. E. STILWELL, M.D. (M. D. or other) \_\_\_\_\_  
 Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 10-2-46

OCT 24 1943

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.....

*Linus C. Hoffmann*

Licensed Embalmer No.....

*3871*

P. O. Address.....

*7814 S. Broad*

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.