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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15966**
 Registrar's No. **87-6**

Registration District No. **317**

Primary Registration District No. **6876**

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

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

3. (a) PRINT FULL NAME **Emma Mc Intyre**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Hugh** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **February 28 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	1	16	hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **? Duncan**

MOTHER {
 12. Name **don't know**
 13. Birthplace **do not know** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **do not know**
 15. Birthplace **do not know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Mc Intyre**
 (b) Address **7020 Plymouth Ave.**

17. (a) **Burial** (b) Date thereof **4/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **John H. Gebber**
 (b) Address **2630 Gravois Ave.**

19. (a) **4-18-47** (b) **Carol A. G. Sharp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis** **in city**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7020 Plymouth Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **16th**
 year **1947** hour **7** minute **A** M.
 21. I hereby certify that I attended the deceased from **March 15, 1947** to **April 16, 1947**
 that I last saw her alive on **April 12, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation** **8 1/2 mos**
 Due to **Aortic regurgitation** **9 1/2 years**
 Due to **Arteriosclerotic cardio-vascular disease** **5 years**
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) _____
 (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) Means of injury _____
 23. Signature **Lewis Litzgum** (M. D. or other) **MD**
 Address **8231 Clayton Rd** Date signed **4/16/47**

Illinois State Board of Health
2031 Lincoln Ave

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 Robert F. Gebken

..... Licensed Embalmer No. 4144

..... P. O. Address 2630 Gravois 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.