FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33725

State File No.

Registration District No. 279

Primary Registration District No. 5957

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4338 DESOTO
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALONZO B McINTYRE

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-18-6431

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE McINTYRE

6. (c) Age of ~~husband or~~ wife if alive 49 years

7. Birth date of deceased JANUARY 31, 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 4 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) U (State or foreign country)

10. Usual occupation ELECTRICIAN

11. Industry or business

FATHER
12. Name — McINTYRE
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH WARREN
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARIE McINTYRE
(b) Address 4338 DE SOTO, ST. LOUIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEM. ST. LOUIS MO.

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S GRAND AVE. St. Louis

19. (a) Oct 5th 1948 (Date received local registrar) (b) N E Gooch Deptg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Breast compound fracture of shoulder

Due to Automobile turning over

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) accident 82

(b) Date of occurrence Oct 4. 1948

(c) Where did injury occur? Highway 61 Pike Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public Highway 61 3 (Specify type of place)

While at work? No (e) Means of injury Crushed

23. Signature S. A. Goodin Coroner (M. D. or other)

Address Louisiana Mo Date signed 10-4-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1948

NOV 13 1948

OCT 25 1948

RECEIVED
District Health Officer No. [illegible]
District File Number 10-48-[illegible]
Date Filed OCT 21 1948

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 Norman E Grooch

Licensed Embalmer No. 2342

P. O. Address Eolia Mo

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.