

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21202
3776

FILED JUL 15 1949

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis <u>5</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <u>17</u>		
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Little Sisters of the Poor, 2223 1/2 Hebert Sts.</u>		e. STREET ADDRESS (If rural, give location) <u>Little Sisters of the Poor, 2223 1/2 Hebert Sts.</u>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) <u>Ida</u>		b. (Middle) <u>--</u>		c. (Last) <u>Intemann</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>
8. DATE OF BIRTH <u>July 19, 1882</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Intemann</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Ann McGinness</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank H. Intemann, 4031 Labadie Ave.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		<u>8 hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>2 years</u>
DUE TO (b) <u>Chronic Myocarditis</u>		DUE TO (c) <u>Aphasia;</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo.</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H282</u>
22. I hereby certify that I attended the deceased from <u>6-12</u> , 19 <u>48</u> , to <u>July 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>49</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Over on file) <u>Bernard H. Howe M.D.</u>		23b. ADDRESS <u>2435 N. Grand Blvd.</u>		23c. DATE SIGNED <u>7-4-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 4 1949</u>		REGISTRAR'S SIGNATURE <u>A. B. Lassiter</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Wm

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *John A. Menar*.....
Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis 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.