

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18422

State File No. 4415

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6202 Leona Ave.				d. STREET ADDRESS (If rural, give location) 6202 Leona Ave.			
3. NAME OF DECEASED (Type or Print) LILLIAN		a. (First) _____		b. (Middle) B.		c. (Last) McINTOSH	
4. DATE OF DEATH (Month) (Day) (Year) May 15 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 3, 1879		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Phillip Brumm		13b. MOTHER'S MAIDEN NAME Mary E. Rohlfing		14. NAME OF HUSBAND OR WIFE Late Charles G. McIntosh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Wm. B. McIntosh ADDRESS 6202 Leona Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left ovary with</p> <p>ANTECEDENT CAUSES Generalized Abdominal Metastases</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION 1-31-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Ovary with Generalized Abdominal Metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 175X					
22. I hereby certify that I attended the deceased from 1-23 , 19 50 , to 5-15 , 19 50 , that I last saw the deceased alive on 5-15 , 19 50 , and that death occurred at 6:30Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. J. Schum (Degree or title) _____				23b. ADDRESS 634 N. Grand St. Louis Mo.		23c. DATE SIGNED 5-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE May 18, 1950		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Ill.	
DATE REC'D BY LOCAL REG. MAY 17 1950		REGISTRAR'S SIGNATURE J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.			

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

