

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6589

State File No.

FILED MAR 5 1952

1239

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **2 das.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Firmin Desloge Hospital**
d. STREET ADDRESS (If rural, give location) **4101a N. 20th**

3. NAME OF DECEASED a. (First) **Elizabeth** b. (Middle) _____ c. (Last) **McIntyre**
4. DATE OF DEATH (Month) (Day) (Year) **2-7-52**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **5-27-84** 9. AGE (In years last birthday) **67** 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Wellville Ohio** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Green** 13b. MOTHER'S MAIDEN NAME **Agnes Davis** 14. NAME OF HUSBAND OR WIFE **Mrs. Thomas McIntyre**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Edna Schulte, 7344 Etzel Avenue**

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Unknown - Probably**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Terminal Arteriosclerosis**
DUE TO (c) **Carcinoma breast??**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **1998**

22. I hereby certify that I attended the deceased from **Feb. 2nd, 1952**, to **Feb. 7th, 1952**, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:55A** m., from the causes and on the date stated above.

23a. SIGNATURE **J. M. Cahoon** (Degree or title) **M.D.** 23b. ADDRESS **Firmin Desloge** 23c. DATE SIGNED **2/7/52**

24a. BURIAL / CREMATION / REMOVAL (Specify) **Removal** 24b. DATE **2-9-1952** 24c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Memorial Gardens** 24d. LOCATION (City, town, or county) (State) **Wellston, Mo.**

DATE REC'D BY LOCAL REG. **FEB 8 1952** REGISTRAR'S SIGNATURE **Edna Schulte** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son Inc. 2161 E. Fair Ave.**

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

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.

Student
Student Embalmer

Signed.....

Alfred J. Burnley

Licensed Embalmer No.

42020

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.