

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14325**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **775**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Bel - Nor	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3068 Arlmont Ave		STREET ADDRESS (If rural, give location) 5519 Beacon Ave.	

3. NAME OF DECEASED
(Type or Print) a. (First) **JAMES** b. (Middle) **P.** c. (Last) **McINTYRE**
4. DATE OF DEATH (Month) (Day) (Year) **April 4, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Sept. 7, 1882** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Bus Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Metropolitan Bus Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Jeffersonville Ind.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James McIntyre** 13b. MOTHER'S MAIDEN NAME **Marie Noon** 14. NAME OF HUSBAND OR WIFE **Johanna Broderick**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **493-10-9408A** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Bertha Lott** ADDRESS **3068 Arlmont 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **MYOCARDIAL INFARCTION**
ANTECEDENT CAUSES DUE TO (b) **CORONARY ARTERIOSCLEROSIS**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **CASTRO ENTERITIS**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4201** 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **April 3rd, 1955**, to **April 3rd, 1955**, that I last saw the deceased alive on **April 3rd, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph A. Egan MD.** (Degree or title) 23b. ADDRESS **1467 Reardon St.** 23c. DATE SIGNED **4/5/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/6/55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **4/6/55** REGISTRAR'S SIGNATURE **Herbert R. ...** 25. FUNERAL DIRECTOR'S SIGNATURE **William Kelly** ADDRESS **7267 Natural Bridge**

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.....
Signature of Student Embalmer

Signed *Hadley F. Gaellen Jr*
Licensed Embalmer No. *4950*
P. O. Address *H. Gaellen*

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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.