

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38064

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9828**

1. PLACE OF DEATH
a. COUNTY _____
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) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital** e. STREET ADDRESS (If rural, give location) **5603 Delmar** **20570**

3. NAME OF DECEASED (Type or Print) a. (First) **Ruth** b. (Middle) **McIntire** c. (Last) **Brown** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 8, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Oct. 4, 1899** 9. AGE (In years last birthday) Months Days Hours Min. **56**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Secretary** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Springerton, Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John C. McIntire** 13b. MOTHER'S MAIDEN NAME **Ruth Pirtle** 14. NAME OF HUSBAND OR WIFE **Edward**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Ferne Ledford** ADDRESS **1413 8th, Coronado, Cal.**

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) **Cerebral Vascular Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **1 day**
ANTECEDENT CAUSES DUE TO (b) **Hypertensive Cardiovascular disease** **years**
DUE TO (c) **Hypertension** **years**
11. OTHER SIGNIFICANT CONDITIONS **Bronchial asthma** **years**
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) **443 x**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 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 **July 1, 1954** to **Nov. 8, 1955**, that I last saw the deceased alive on **Nov. 7, 1955**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Arnon Brentbaum, M.D.** 23b. ADDRESS **607 N. Grand** 23c. DATE SIGNED **11/9/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-11-55** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **NOV 10 1955** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Bl**

S.P. (Licensed Embalmer's Statement on Reverse Side)

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..... *Paul A. Wacht*

Licensed Embalmer No. *478*

P. O. Address *Am...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.