

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18260

318

1003

State File No.

4513

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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. CITY OR TOWN St. Louis
d. Residence within limits of a city (incorporated town)?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL NO. ONE

e. STREET ADDRESS (If rural, give location) 222 WALNUT

3. NAME OF DECEASED
a. (First) ULICE
b. (Middle) _____
c. (Last) MCINTYRE JR
4. DATE OF DEATH (Month) (Day) (Year) MAY 6 56

5. SEX MALE
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____
8. DATE OF BIRTH APRIL 18 1947
9. AGE (In years last birthday) 9
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1223: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) PINE BLUFF ARK
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ULICE MCINTYRE SR.
13b. MOTHER'S MAIDEN NAME Willie Mae
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ULICE MCINTYRE, SR. ADDRESS 2822 WALNUT

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Petanus; suffered when de-

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. stepped on rusty nail in

rear yard of home at 2820

Popin Street, on Apr 19 1956

while playing

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

21a. ACCIDENT (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Apr 19 56 3 m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? .061X

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 6:50 m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify) _____
24b. DATE MAY 10, 1956
24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON
24d. LOCATION (City, town, or county) (State) St. Louis County MO

DATE REC'D BY LOCAL REG. MAY 9 1956
REGISTRAR'S SIGNATURE Carl Smith
25. FUNERAL DIRECTOR'S SIGNATURE Mr. S. J. WATSON ADDRESS 2769 Chouteau

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.....

S. J. Stanton

Licensed Embalmer No. 26

P. O. Address 2769 1/2

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.