

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43483

STATE FILE NUMBER

11287

FILED DEC 31 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SA Louis</u>		c. CITY OR TOWN <u>ST. LOUIS</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DE PAUL HOSPITAL DAY</u>		d. STREET ADDRESS (If outside, give location) <u>7018 LINDELL</u>			
3. NAME OF DECEASED (Type or print) <u>JAMES JOSEPH MCINTIRE</u>		4. DATE OF DEATH <u>DEC 8 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT-13-1908</u>		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		9b. AGE (In years last birthday) <u>88</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HANNIBAL MO</u>			
11. BIRTHPLACE (City and state or country) <u>HANNIBAL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>JAMES JOSEPH MCINTIRE</u>		14. MOTHER'S MAIDEN NAME <u>MARGARET O'NEIL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>			
17. INFORMANT <u>LOUIS H TROUT</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumococcal pneumonia &amp; meningitis</u> <u>pneumococcal pneumonia and meningitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>340.1</u>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>12-5-56</u>			
20f. CITY, TOWN, OR LOCATION <u>12-8-56</u>		COUNTY _____ STATE _____			
21. I attended the deceased from <u>12-5-56</u> to <u>12-7-56</u> and last saw <u>her</u> alive on <u>12-7-56</u> Death occurred at <u>6:30 a.m. 6-30-56</u> at <u>her</u> home at the date stated above; and to the best of my knowledge, from the <u>2-8-56</u> dated.		22a. SIGNATURE <u>E.D. Cassidy</u> (Degree or title) <u>M.D.</u>			
22b. ADDRESS <u>4952 Maryland St. Louis</u>		22c. DATE SIGNED <u>12-8-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>11-8-56</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>HANNIBAL MO.</u>		23d. LOCATION (City, town, or county) (State) _____			
24. FUNERAL DIRECTOR <u>Wm O'Donnell</u> ADDRESS <u>HANNIBAL MO.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 10 1956</u>			
25. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		_____			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *N. M. O'Donnell*.....

Licensed Embalmer No. *38*.....

P. O. Address *Harrisburg*.....

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