

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

318

1003

State File No. 15002
Registrar's No. 3371

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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) **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 **Incarinate Word** e. STREET ADDRESS (If rural, give location) **4018a McRee**

3. NAME OF DECEASED (Type or Print) a. (First) **Everett** b. (Middle) **Lloyd** c. (Last) **McIntyre** 4. DATE OF DEATH (Month) (Day) (Year) **Apr 8 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 27 1899** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME **Sam McIntyre** 13b. MOTHER'S MAIDEN NAME **Mary Unknown** 14. NAME OF HUSBAND OR WIFE **Margie Keeney**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give way or dates of service) **WW 2** 16. SOCIAL SECURITY NO. **489 10 5002** 17. INFORMANT'S SIGNATURE OR NAME **Margie McIntyre** ADDRESS **4018a McRee**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **ACUTE MYOCARDIAL INFARCTION**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** 4 WEEKS
DUE TO (c) **ARTERIOSCLEROSIS, GENERALIZED** 5 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **NONE**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4200** 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 **MARCH 14, 1957**, to **APRIL 8, 1957**, that I last saw the deceased alive on **APRIL 8, 1957**, and that death occurred at **6:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert a. Hall MD** 23b. ADDRESS **3902 Lafayette St. Louis, Mo.** 23c. DATE SIGNED **APRIL 8, 1957**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **APR 10 57** 24c. NAME OF CEMETERY OR CREMATORY **National** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks Mo**

DATE REC'D BY LOCAL REG. **APR 8 '57** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E.J. Schnur 3125 Lafayette**

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

MS-1010
-4

Faint, mostly illegible text at the top of the page, possibly containing a name and address.

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 *Thomas R. Lawrence*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lehigh*

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.