t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46080
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12071

1. PLACE OF DEATH
a. COUNTY City of St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Pacific — Length of stay in 1b 4 hrs
d. STREET ADDRESS (If outside, give location) 5936 Julian — Reside on Farm Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY City of St. Louis
c. CITY OR TOWN St. Louis Mo — Inside Limits Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Middle Last: Mrs. Margaret A. McIntyre

4. DATE OF DEATH Month Day Year: Dec. 15 1957

5. SEX F

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH July 20 1867

9. AGE (In years last birthday) 90 — 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) Hwf

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Chicopee, Mass.

12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME Warren Smith

13b. MOTHER'S MAIDEN NAME Charlotte Smith

14. NAME OF HUSBAND OR WIFE Harry McIntyre

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 702-14-0257

17. INFORMANT Mrs. Elmer Lacey — Address 5936 Julian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis - Hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Secondary Anemia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year — NONE

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1 1957, to Dec-15-57 and last saw her/him alive on Dec. 15. 1957
Death occurred at 10:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph A. Lembeck MD

22b. ADDRESS 607 N. Grand

22c. DATE SIGNED 12-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12/19/57

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

23d. LOCATION (City, town, or county) (State) Chicopee, Mass.

24. FUNERAL DIRECTOR L. H. Bopp, Inc — ADDRESS 131 W Argonne Kirkwood Mo

25. DATE RECD. BY LOCAL REG. DEC 16 57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD
MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richmond, Me.

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.