

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023520
STATE FILE NUMBER
6319

FILED JUN 27 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 6319

1. PLACE OF DEATH a. COUNTY			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>St. Louis, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital 2059</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>910 Goodfellow Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MCINTYRE D. VIRGINIA</u>			4. DATE OF DEATH Month Day Year <u>6 22 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 25 1902</u>		9. AGE (In years last birth day) Months Days Hours Min. <u>55 0 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LYNCHBURG, VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT B. DADNEY</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE AKERS</u>		14. NAME OF HUSBAND OR WIFE <u>PATRICK J. MCINTYRE</u>	
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. <u>No</u>	17. INFORMANT Address <u>PATRICK J. MCINTYRE 910 Goodfellow</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>Congestive Heart Failure ?</u> DUE TO (b) <u>Pulmonary embolus</u> DUE TO (c) <u>Chronic Rheumatic Valvular Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4/4x</u>					INTERVAL BETWEEN ONSET AND DEATH
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-11-58</u> to <u>6-21-58</u> and last saw <u>her</u> alive on <u>6-21-58</u> Death occurred at <u>6-22-58 5:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. Waterman MD</u>			22b. ADDRESS <u>Jewish Hospital</u>		22c. DATE SIGNED <u>6-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JUNE 23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LYNCHBURG, VA.</u>		23d. LOCATION (City, town, or county) (State) <u>LYNCHBURG, VA.</u>
24. FUNERAL DIRECTOR ADDRESS <u>C.P. LUPTON & SONS</u>			25. DATE RECD. BY LOCAL REG. <u>JUN 23 '58</u>		26. REGISTRAR'S SIGNATURE <u>Call Smith MD</u> <u>mxb</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarena H. Murray*

Licensed Embalmer No. *40111*

P. O. Address *St. Louis*

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.