

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041919  
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10674

|  |                           |  |   |   |  |   |  |
|--|---------------------------|--|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO. b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis  |                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY<br>OR<br>TOWN St. Louis   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION DOA City Hosp  |                           |  | Length of stay in 1b                      | d. STREET ADDRESS (If outside, give location)<br>2207 Cass Ave  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Theodore McIntosh   |                           |  |   | 4. DATE OF DEATH<br>Month Day Year<br>Nov. 4 1958   |  |   |  |
| 5. SEX<br>male 2   | 6. COLOR OR RACE<br>Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>  |   | 8. DATE OF BIRTH<br>30 Jan. 1940  |  | 9. AGE (In years last birthday)<br>18<br>Months Days Hours Min.           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>STUDENT   |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br>Pershire Miss. 1  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.                                      |  |
| 13. FATHER'S NAME<br>Charles McIntosh  |                           |  |   | 14. MOTHER'S MAIDEN NAME<br>Velma Bracy   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO NO  |                           | 16. SOCIAL SECURITY NO.<br>NONE  |   | 17. INFORMANT<br>Address<br>Velma Mc Intosh 2707 Cass   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Gunshot wound of Lung &amp; Liver</i> |                           |  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                           |  |   |   |  |   | DUE TO (b) <i>E981+</i>  |
| DUE TO (c)   |                           |  |   |   |  |   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (See Part I, (a))<br><i>supported when shot with gun just hands of one Glover Eddy</i> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>   |                           | 20b. DESCRIBE HOW INJURY OCCURRED (Enter signature of informant for Part I, (a), (b), (c))<br><i>found and shot by Sam Augment and others in the vicinity of 2501 Cass Ave., about 9:47 p.m. November 4, 1958.</i> |   |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>9:47 p.m. 11 4 58  |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)<br><i>Street</i>   |   | 20d. CITY, TOWN, OR LOCATION<br>St Louis Mo   |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <i>1010 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.       |   |   |  |   |  |
| 22a. SIGNATURE<br><i>James McIntosh</i> (Degree or title)<br>3   |                           |  | 22b. ADDRESS<br>1300 Clark                |   |  | 22c. DATE SIGNED<br>11/6/58   |  |
| 23a. BURIAL, CREMATION, REMOVAL, & SPECIFY   | 23b. DATE<br>10 Nov. 1958 | 23c. NAME OF CEMETERY OR CREMATORY<br>National Cemetery  |   | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Co., Mo.   |  |   |  |
| 24. FUNERAL DIRECTOR<br>Reliable Funeral Sys. 1389 N. Union  |                           |  | 25. DATE RECD. BY LOCAL REG.<br>NOV 6 '58 |   | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith</i> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

300 -56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John K. Cunningham*

Licensed Embalmer No. 44

P. O. Address 2405 M

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.