

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021250

FILED 15 MAY 26 1960

318

Primary Registration District No.

1003

Registrar's No.

5109

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 1 mo.		c. CITY OR TOWN East St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1503 So. 20th St.		
3. NAME OF DECEASED (Type or print) First U.S. Middle McIntosh Last U.S.				4. DATE OF DEATH Month 5 Day 14 Year 60				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 7 Days 22	IF UNDER 24 HR Hours 22 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road labor		10b. KIND OF BUSINESS OR INDUSTRY Rail Road Co.		11. BIRTHPLACE (City and state or country) Okalona, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME George McIntosh			13b. MOTHER'S MAIDEN NAME Eliza Williams			14. NAME OF HUSBAND OR WIFE Bettie McIntosh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 718-10-4798		17. INFORMANT Bettie McIntosh Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction.						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.1								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, gen'l.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 4-16-60 to 5-14-60 and last saw him alive on 5-14-60 Death occurred at 4P: m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles Krowner, M.D.				22b. ADDRESS 1755 S. Grand,		22c. DATE SIGNED 5-16-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-18-1960		23c. NAME OF CEMETERY OR CREMATORY East St. Louis		23d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		
24. FUNERAL DIRECTOR P. Q. Crigler			ADDRESS 1036 Tudor		25. DATE RECD. BY LOCAL REG. MAY 16 1960.		26. REGISTRAR'S SIGNATURE Robert Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mde

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed P. J. Crigler

Licensed Embalmer No. 3346

P. O. Address 1036 Taylor
6-27 Louis all

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.