

318

1003

-51-042670

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **10797**

STATE FILE NUMBER

AMENDED

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

| | | | | | | | | | | | |
|---|--|--|--|--|------------------------------------|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 8 days | c. CITY OR TOWN o'Fallon | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) Rozann Marie McIntyre | | 4. DATE OF DEATH Month Nov. Day 17, Year 1961 | | 5. SEX Female | | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-3-57 | 9. AGE (last birthday) 4 yrs | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME Robert O. McIntyre | | 13b. MOTHER'S MAIDEN NAME Clematta Bennet | | 14. NAME OF HUSBAND OR WIFE never married | | 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. None | | 17. INFORMANT 500 S. Kingshighway Jane Henrichsen St. Louis, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest Cardiac Arrest DUE TO (b) _____ Hand-Schüller-Christian Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 289.0 | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 11-9-61 , to 11-17-61 , and last saw him alive on 11-17-61 | | Death occurred at 4:15pm m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <i>Colm Harbermo</i> (Degree or title) | | 22b. ADDRESS 500 S. Kingshighway St. Louis Mo. | | 22c. DATE SIGNED 11-17-61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-21-61 | | 23c. NAME OF CEMETERY OR CREMATORY St. Theodore | | 23d. LOCATION (City, town, or county) Flint Hill, Mo | | (State) | | | |
| 24. FUNERAL DIRECTOR T.E. Pitmann ADDRESS Wentzville Mo | | 25. DATE RECD. BY LOCAL REG. NOV 20 1961 | | 26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> | | | | | | | |

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.