

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

390  
REC'D APR 12 1939
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
10038502  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....  
 (b) Township.....<sup>1</sup> Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No..... 1203 Hamilton..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2267

2. PRINT FULL NAME <sup>253</sup> Chester A. McIntosh

(a) Residence, No. 1203 Hamilton St. 5  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta McIntosh		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1885		
7. AGE YEARS 53	MONTHS 9	DAYS 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motorman		
9. Industry or business in which work was done, as saw mill, bank, etc. Public Service		
10. Date deceased last worked at this occupation (month and year) March 1939		11. Total time (years) spent in this occupation 24
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Missouri		
13. NAME Franz McIntosh		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Missouri		
15. MAIDEN NAME Francis Kinkeade		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT (ADDRESS) Mrs. Etta McIntosh 1203 Hamilton Avenue		
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE March 11, 1939		
19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue		
20. FILED MAR 9 1939 J. F. Budek Local Registrar		

## MEDICAL ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on..... P. M. Death is said to have occurred on the date stated above, at 6:35 m.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis and Mitral Insuf-  
 ficiency with Cardiac Concentric  
 Hypertrophy;

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19\_\_\_\_

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Joseph McIntosh

(Address) 1203 Hamilton Avenue

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Guy W Wilkinson  
Licensed Embalmer No. 3575

**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.)**