

FILED DEC 21 1942

State File No.

Registration District No. 313

Primary Registration District No.

Registrar's No. 10393

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3846A BLAINE AV. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME EDWARD L. McINTURFF

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA McINTURFF 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased JULY 27 1870
 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace NASHVILLE TENN.
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED STREET CAR

11. Industry or business MOTORMAN

12. Name LYLE McINTURFF

13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

14. Maiden name ELLA McMURRAY

15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha McInturff

(b) Address 3846A BLAINE AV. 11

17. (a) CREMATION (b) Date thereof DEC 14 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette St. W.
 19. (a) DEC 14 1942 (b) J. F. Bruders
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
 (d) Street No. 3846A BLAINE AV. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Dec.
 year 1942 hour 11:49 minute _____ M.

21. I hereby certify that I attended the deceased from 1935
 _____, 19____, to _____, 1942
 that I last saw him alive on 12/7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death C. N. S. Leses

Due to 20
 Due to 21

Other conditions 21
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature J. G. Grunert (M. D. or other) _____
 Address 5521 B. Bradley Date signed 12/13/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. _____

318

Primary Registration District No. _____

Registrar's No. 10393

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town Blaine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3846 - Blaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward L. McInturf

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-12-4600

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 20 11 41 (b) J. J. Bradeau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S 3904D