

REGISTRATION DISTRICT NO. 10 SEP 3 1943

318

Primary Registration District No. 1008

Registrar's No. 7628

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)  
 In this community 2 years

3. (a) PRINT FULL NAME Annie Jean McIntosh

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 25 1937  
(Month) (Day) (Year)

8. AGE: Years 5 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation STUDENT

11. Industry or business

12. Name CHARLES H. MCINTOSH

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

14. Maiden name VERMA BRACEY

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

16. (a) Informant CHARLES H. MCINTOSH

(b) Address 1015 N-13th St

17. (a) BURIAL (b) Date thereof AUG 25 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director W. B. H. FUNERAL HOME

(b) Address 3100 EASTON

19. (a) AUG 25 1943 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 925  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1113 N. 13th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21, year 1943 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 2, 1943 to August 21, 1943 that I last saw her alive on August 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Mastoiditis, left Duration 1 mo.

Due to 108

Due to 108

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy Basilar Meningitis (19 das) Lobar Pneumonia

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 0

23. Signature C. R. Mearns (M. D. or other) Address 2601 W. Hillery Date signed 8/25/43

**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 *Arthur L. Heilgard*.....

Licensed Embalmer No. *4221*

P. O. Address *4219<sup>th</sup> E Garfield*

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