No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21385

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5412

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

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 0
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 0-0-0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 17 9
d. STREET ADDRESS (If rural, give location) 2326a Eugenia 1 0

3. NAME OF DECEASED (Type or Print)
a. (First) Isabell
b. (Middle)
c. (Last) McIntosh

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1949

5. SEX F 3
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Sep 12, 1887
9. AGE (In years last birthday) 61 (61) — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Ark. 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Josh Jisrum
13b. MOTHER'S MAIDEN NAME Betty ?
14. NAME OF HUSBAND OR WIFE Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME FELTON 2326a Eugenia ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 732
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:10 A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Zuem Orpha Coroner 3 (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 25/49
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem
24d. LOCATION (City, town, or county) St Louis (State) MO

DATE REC'D BY LOCAL REG'R JUN 23 1949
REGISTRAR'S SIGNATURE J. B. Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE F. A. Geer ADDRESS 4214 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed F. C. Green

Signed .....
Student Embalmer

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar Blv

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.