

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39779**
Registrar's No. **H604**

My friend
FILED DEC 12 1949

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **6076**

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

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Ballwin | | c. CITY (If outside corporate limits, write RURAL and give township) Wellston | |
| c. LENGTH OF STAY in this place 1 Year | | d. STREET ADDRESS (If rural, give location) 6253 Julian Ave | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) McIntosh | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1949 |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH May 7, 1860 |
| 9. AGE (In years last birthday) 89 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 11. BIRTHPLACE (State or foreign country) Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13. FATHER'S NAME James McIntosh | |
| 13b. MOTHER'S MAIDEN NAME Dont Know | | 14. NAME OF HUSBAND OR WIFE Mary McIntosh, deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Yungerman 6253 Julian Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myopathy ANTECEDENT CAUSES stroke Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4222 | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Dec 7, 1948 , to Dec 4, 1949 , that I last saw the deceased alive on Nov 28, 1949 , and that death occurred at 10:20 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE A. L. Merten M.P. | | 23b. ADDRESS 3107 Poloma | |
| 23c. DATE SIGNED 12-5-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec 7 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cent. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE DEC 6 1949 | | REGISTRAR'S SIGNATURE Herbert B. Wompe M.D. | |
| FUNDRAISER'S SIGNATURE Jos. W. Clark | | ADDRESS 1125 Hodiament Ave | |

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Guy W Wilkerson

Licensed Embalmer No. 3595

P. O. Address St Louis Mo

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.