S. No. 300
Rev. 10.48

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18336
Registrar's No. 3909

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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
c. LENGTH OF STAY (in this place): 23 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin-Desloge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4336
d. STREET ADDRESS (If rural, give location): 6645 Waterman

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

4. DATE OF DEATH (Month) (Day) (Year): 4-22-1951

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-5-1859
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 5 Days 17 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Geo. H. McIntosh
13b. MOTHER'S MAIDEN NAME: Anna Brown
14. NAME OF HUSBAND OR WIFE: Olive McIntosh

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: Dr. R. H. Foster — ADDRESS: 6645 Waterman

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): Cerebral Apoplexy

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

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

INTERVAL BETWEEN ONSET AND 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 334X

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 4-22, 1951, *that I last saw the deceased alive on* 4-22, 1951, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. Stubbins
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 4-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4-25-51
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 4-25-51
REGISTRAR'S SIGNATURE: J. B. Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H. Bapp Inc — ADDRESS: Kirkwood

(Licensed Embalmer's Statement on Reverse Side)

3909

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.

Student .....
Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address .....

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.