

29761

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

MED AUG 23 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 7182

|                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                               |                                                                                     |                                                                                                                                  |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                                                  |                                  | REG. DIST. NO. 318                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | PRIMARY REG. DIST. NO. 1003                                                                                                                   |                                                                                     | Registrar's No. 7182                                                                                                             |                                    |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |                                                                                     |                                                                                                                                  |                                    |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>                                                                                                                                                                              |                                  | c. LENGTH OF STAY (In this place)<br><u>2 weeks</u>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Brentwood 17, 7511</u>                                  |                                                                                     |                                                                                                                                  |                                    |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | d. STREET ADDRESS (If rural, give location)<br><u>9116 N. Swan Circle (Audubon Park)</u>                                                      |                                                                                     |                                                                                                                                  |                                    |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MRS. FLORENCE I.</u><br>b. (Middle) _____<br>c. (Last) <u>McINTOSH</u>                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 24, 1952</u> |                                                                                                                                               |                                                                                     |                                                                                                                                  |                                    |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                          | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | 8. DATE OF BIRTH<br><u>November 15, 1901</u>                                                                                                  |                                                                                     | 9. AGE (In years last birthday) <u>50</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 6 HRS.: Hours _____ Min. _____ |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                                  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Honolulu, Hawaii</u>                                                                 |                                                                                     | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                    |                                    |
| 13a. FATHER'S NAME<br><u>Daniel Nicolson</u>                                                                                                                                                                                                                                     |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Lillian Hill</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Lonnie McIntosh</u>                                                                                         |                                                                                     |                                                                                                                                  |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                            |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Lonnie McIntosh, 9116 N. Swan Circle</u>                                                      |                                                                                     |                                                                                                                                  |                                    |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                    |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</u><br>ANTECEDENT CAUSES <u>Generalized metastasis</u><br>MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                  |                                                                                                                                               |                                                                                     | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u>                                                                                     |                                    |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                                     |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                               |                                                                                     | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                              |                                    |
| 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?<br><u>171X</u>                                                                                                     |                                                                                     |                                                                                                                                  |                                    |
| 22. I hereby certify that I attended the deceased from <u>6-9</u> <sup>1952</sup> to <u>7-24</u> <sup>1952</sup> , that I last saw the deceased alive on <u>7-24</u> <sup>1952</sup> , and that death occurred at <u>7:30P</u> m., from the causes and on the date stated above. |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                               |                                                                                     |                                                                                                                                  |                                    |
| 23a. SIGNATURE<br><u>J. Hayden, M.D.</u>                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Degree or title)                                                |                                                                                                                                               | 23b. ADDRESS<br><u>730 Hadisawony</u>                                               |                                                                                                                                  | 23c. DATE SIGNED<br><u>7-25-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>                                                                                                                                                                                                                    |                                  | 24b. DATE<br><u>July 28, 1952</u>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Valhalla Crematory</u>                                                                               |                                                                                     | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>                                                    |                                    |
| DATE REC'D BY LOCAL REG.<br><u>JUL 25 1952</u>                                                                                                                                                                                                                                   |                                  | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                                                                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Stock Mortuary, 889 S. Brentwood</u> |                                                                                                                                  |                                    |

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

Dr. L. J. Haydon  
730 Holiamont

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

Note: If 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.