MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11463

1. PLACE OF DEATH

County ..... Registration District No. 791 1002 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3306

City St. Louis (No. 2347 Albion Pl. St. ..... Ward)

2. FULL NAME Joseph Ralph Ingram

(a) Residence. No. 2347 Albion Pl. St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	0	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Public Service Co.

9. BIRTHPLACE (CITY OR TOWN) Hamilton City
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Wm. J. Ingram

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamilton City
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Rosetta Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hamilton City
(STATE OR COUNTRY) Ill.

14. INFORMANT John Ingram
(Address) 2347 Albion Pl.

15. FILED MAR 23 1928, 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 12 1 L, 1928, to Mar. 22, 1928 that I last saw him alive on Mar 28, 1928, and that death occurred, on the date stated above, at 9:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Labor Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 101 [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? typical

(Signed) Dew D. H. Gorman, M.D

2/23, 1928 (Address) 3900 Cleveland Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McLeansboro Ill. DATE OF BURIAL 3/24/1928

20. UNDERTAKER A. W. McLaughlin ADDRESS 1631 Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD