

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

Do not use this space.

15210

14943

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **003** File No.
 City **St. Louis** (Name) **Bethesda, Hoop** Registered No. **4135**
 (Usual place of abode) (If nonresident give city or town and State) (St. Ward)

2. FULL NAME

(a) Residence. No. **# 7318a Forsythe Ave. St. Louis Co. Mo**
 (Usual place of abode) (If nonresident give city or town and State)

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 **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **Child**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 27th 1913**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	14.	4.	15.	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **School Girl**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER **Charles Ingold**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER **Gene Richardson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

14. INFORMANT (Address) **Chas. Ingold #7318a Forsythe**

15. FILED **APR 16 1922** **REGISTRAR**

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-12-1928**

17. I HEREBY CERTIFY That I attended deceased from **Mar 21** 19**28** to **Apr 12** 19**28** that I last saw him alive on **Apr 2** 19**28** and that death occurred, on the date stated above, at **8:25 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis (chronic)
 (duration) **8** yrs. **10** mos. **10** ds.

CONTRIBUTORY (SECONDARY) **Influenza - John**
Pneumonia (duration) **7** yrs. **7** mos. **7** ds.

18. WHERE WAS DISEASE CONTRACTED **WIA**

IF NOT AT PLACE OF DEATH **WIA**
DID AN OPERATION PRECEDE DEATH **WIA** DATE OF **WIA**
WAS THERE AN AUTOPSY?

WHICH TEST CONFIRMED DIAGNOSIS?
 (Signed) **Sam L. Coffin** M. D.
 , 19 (Address)

*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 **Case Charles** **DATE OF BURIAL** **4-14-1928**

20. UNDERTAKER **C. R. Rupton** **ADDRESS** **Street #4449**

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.

