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

Do not use this space.

15549

1. PLACE OF DEATH

County: St Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B — File No.

City: (No. Carondelet Mo 2nd St Rear Hogan St, Ward) — Registered No. 132

2. FULL NAME: Ingrette Wucos

(a) Residence. No. Carondelet Mo St., Ward.
(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.

MAY 27 1931

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7 - 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
31	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dress Designer
(b) General nature of industry, business, or establishment in which employed (or employer): 202
(c) Name of employer: Swarty Mfg. Co

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

PARENTS

10. NAME OF FATHER: Lucien Wucos

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown — 51

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Joe Wucos
(Address): St Louis Mo

15. Apr. 6, 31 FILED, 19... L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1931

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by jumping from a building (4th floor) while in a 3 months abortion.

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

CONTRIBUTORY (SECONDARY): Fracture of skull & multiple fractures (duration) ...yrs. ...mos. ...ds.

(Chr. Pul. Tuberculosis Pt. in Hosp.)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: St Louis County

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) John O'Connell, M. D.

4/4, 1931 (Address) Former St Louis County

*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: Calvary Cem. — DATE OF BURIAL: Apr. 6 1931

20. UNDERTAKER: Fender Bond Co — ADDRESS: 7819 Michigan Av