7438

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

Do not use this space.

1938 2826

1. PLACE OF DEATH

County ..... Registration District No. 71 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 530

City De Paul Hospital (No. ..... St. ..... Ward)

2. FULL NAME WILLIAM J. INGRAM

(a) Residence, No. 4447 Kossuth St., 10 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1887

7. AGE: YEARS 44 MONTHS 19 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jakes & Evans Mfg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Wm H Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER

15. MAIDEN NAME Mary Hollohan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Mrs Sarah Ingram 4447 Kossuth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethania DATE Jan 18 1932

19. UNDERTAKER (ADDRESS) Central Und Co 1841 Cass Av

20. FILED JAN 17 1932 Chas C. Stadler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Jan. 14, 1932

I last saw him alive on Jan. 13, 1932 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive collapse of lung	1-8-32
177B	
117B	
127A	

Other contributory causes of importance:

Duodenal ulcer;	10 yrs
Cholecystitis	ago.

Name of operation Pyloric resection cholecystectomy Date of 1-8-32

What test confirmed diagnosis? X-ray exam. & physical findings. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eric Fischel, M. D.

(Address) 400 Metropolitan Bldg.

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.

Dr. F. F. Belle

2702 N. Grand

508 N. [illegible]

E. 547

12-[illegible]