

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

Do not use this space.

6182

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Mary's Infirmary)

File No.....
 Registered No. 1208
 St. Ward)

2. FULL NAME

Mrs. (Ellen) Gingrich, Ellen
 (a) Residence, No. 1423 Hickory St. 22 Ward.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk worker 58

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Coffin Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

13. NAME Unknown Pumphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Helen Hutton 1423 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Clarence Mo. DATE Feb. 5th 1932

19. UNDERTAKER (ADDRESS) Wm. J. Robert 905 S. Grand Blvd

20. FILED EEB - 5 1079 Miss C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 / 4 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/2 , 1932, to 2/4 , 1932

I last saw hm alive on 2-4 , 1932 Death is said to have occurred on the date stated above, at 9:40 P.M.

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

Puerperal Septicemia following (criminal abortion) (self-induced)

Other contributory causes of importance: 1475A J.W. Co. sep 2/5/32

Name of operation 76 Date of Jan 21/32
 What test confirmed diagnosis hemolytic streptococcus blood culture Was there an autopsy? yes

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 (1)
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) Loren E. Egle , M. D.
 (Address) St. Mary's Infirmary

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.

