

JAN 10 1938

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

43767
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
C. 13583

2. PRINT FULL NAME

Baby Ingrassia
 (a) Residence, No. **4105 Laclede** St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Und**
 4. COLOR OR RACE **white**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (using the word) **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 16, 1938**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
stillborn
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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) **St. Louis, Missouri**
 FATHER
 13. NAME ?
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 MOTHER
 15. MAIDEN NAME **Anna Ingrassia**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wisconsin**
 17. INFORMANT **Hosp. Info M. Kent**
 (ADDRESS)
 18. BURIAL, CREMATION OR REMOVAL
 PLACE **City Cemetery** DATE **12/30/38**
 19. FUNERAL DIRECTOR **David Van Tasson**
 (ADDRESS) **C. N. # 23**
 20. FILED **J. T. Bredeck**
 (Address) **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/16/ 1937**
 22. I HEREBY CERTIFY That I attended deceased from **12/16/38** to **12/16/37**, 19.....
 I last saw h. **A** alive on **12/16/37**, 19..... Death is said to have occurred on the date stated above, at **9 a** m.
 The principal cause of death and related causes of importance were as follows:
Stillborn
 Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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?.....
 If so, specify.....
 (Signed) **E. Z. Engel**, M. D.
 (Address) **City Hospital No. 1**

DEC 29 1938

(Licensed Embalmer's Statement on Reverse Side)

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. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. I-121204

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)