REC'D AUG 1 1938

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

23916
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City of St. Louis

Registration District No. 791

Primary Registration District No. 1003

Registered No. 6610

(d) Street No. Central Hospital 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.

2. PRINT FULL NAME Curtis P. Ingram 526

(a) Residence, No. 1315 Hickory Street St. 22
(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: 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 Husband fo Maude

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1881

7. AGE: Years 57 | Months 5 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Cook

9. Industry or business in which work was done, as saw mill, bank, etc. .....

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) Paducah Kentucky

FATHER

13. NAME Hamilton Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Kentucky

MOTHER

15. MAIDEN NAME Ophelia Humphries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Kentucky

17. INFORMANT (ADDRESS) Mrs. Maude Ingram 1315 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL in PLACE St. Matthews Cem DATE 7/25/38, 19

19. FUNERAL DIRECTOR (ADDRESS) A. W. McLaughlin 2301 Lafayette Avenue

20. FILED JUL 25 1938 J. B. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1938, 19 to July 23, 1938, 19

I last saw him alive on July 22, 1938, 19 Death is said to have occurred on the date stated above, at 2:10 A.M.

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

	Date of onset
Abscess of the lower lobe of the left lung, caused by Vincente angina	July 11 1938
Other contributory causes of importance: Vincent's angina, and Diabetes mellitus,	To my knowled March 14, 1938

Name of operation rays-lab-asp. Date of

What test confirmed diagnosis? 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) O. C. Rame, M. D.

(Address) 320 Metropolitan Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul A Keith, Licensed Embalmer No. 3612

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Paul A Keith

Licensed Embalmer No. 3612

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.)