

AY 21 1939

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

19810
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 115
(c) City University City (d) Street No. 6600 Washington Ave. Chr. Old Bohemia
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

526 William G. Ingram
(a) Residence, No. 6600 Washington Ave. St. (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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Ella Ingram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/4/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
81 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) 4/1/55 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Ill.

13. NAME R. R. Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Ill.

15. MAIDEN NAME Ellen Booth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Ill.

17. INFORMANT Mary E. Craig
(ADDRESS) 6600 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lansel Hill Cem. DATE May 22 1939

19. FUNERAL DIRECTOR Shepard Funeral Home
(ADDRESS) 466 Hamilton Ave

20. FILED MAY 21 1939 W. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/1939

22. I HEREBY CERTIFY, That I attended deceased from May 18 1939 to May 20 1939
I last saw deceased alive on May 19 1939. Death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset 5.18.39

Other contributory causes of importance: 131
chronic arteriosclerosis
hypertension

?

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? See
If so, specify.....
(Signed) W. R. Meyer, M. D.

(Address) 707 9 Phygass 5861 Phygass

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 212004

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 *J. G. Sullivan*

Licensed Embalmer No. *1122*

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.)