

REC'D AUG 11 1939

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

24145
Do not use this space.
Registered No. 6418

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City or St. Louis (d) Street No. City 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 521 Margaret Inskeep

(a) Residence, No. City Infirmary St. Louis St. 13
(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 Female 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 John R. Inskeep

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Byrne

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) U. S. A.

15. MAIDEN NAME Julia Ring

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) U. S. A.

17. INFORMANT Doris Miller (ADDRESS) 1264 Hawthorne R. H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7/21/39

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster (ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED JUL 21 1939 J. F. Brubaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/39

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Gangrene of Intestines; from Mesenteric Artery Thrombosis

Other contributory causes of importance: Thrombosis Mesenteric Artery

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? No
If so, specify.....
(Signed) Joseph M. [Signature] M.D.
(Address) Deputy [Signature]

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Edward H. Bockhorst

Registered Apprentice No.....

working under my personal supervision:

Signed

Edward H. Bockhorst

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

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.)

If this body is not embalmed, above space should be left blank.