

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 3930

1. PLACE OF DEATH: St. Louis

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Mos.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Herschel Ingram

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex male () 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Anderson (deceased)

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 26, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Springfield, Missouri ()
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name S. N. Ingram

13. Birthplace Murry County, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stephens

15. Birthplace Springfield, Missouri ()
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar Blvd., St. L.

17. (a) Removal (b) Date thereof 5-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) MAY 9 1941 (b) [Signature]
(Date observed local registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield N.R.
(If outside city or town limits, write "RURAL") 6

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1941 hour 6.57 minute P. M.M.

21. I hereby certify that I attended the deceased from June 19, 1941 to May 3, 1941 that I last saw him alive on May 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>3 Mths.</u>
Due to <u>Hypertension</u>	<u>1 yr.</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	_____
Of autopsy _____	_____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 509 N. Grand Blvd. Date signed 5/4-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

06
7
9

0363

0363

1945

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed *Albert G. Hopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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, fact should be so stated above.