

FILLED OCT 18 1941

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

30124
Do not use this space.

30124

Do not use this space.

7463

Registered No. 7463

1. PLACE OF DEATH

(a) County..... Registration District No. 291
(b) Township..... Primary Registration District No. 1023
(c) City..... St. Louis, Mo. (d) Street No. St. Marys Hospital
(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 Corrine Engram

(a) Residence, No. 912a Cass Avenue St. Louis, Mo. 25 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 3 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Engram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Decatur, Miss.

FATHER 13. NAME Fink Thornton

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Miss.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sam Engram 912a Cass Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Greenwood DATE 9/16/41

19. FUNERAL DIRECTOR (NAME) Dement Smith
(ADDRESS) 2629-31 Cole Street

20. FILED SEPT. 16 19 41 J. P. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-41

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1941 to 9-9-41. I last saw her alive on 9-9-41. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

acute myo-carditis following Ch. rheumatism

Other contributory causes of importance: acute hepatitis following Ch. rheumatism

Name of operation Date of

What best 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) J. Engram (HURT), M. D.

(Address) 2742 W. Franklin

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.

DEC 22 1942

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

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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

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