

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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14  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3855 Botanical Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Anna M. Ingels.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter H. Ingels 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 24, 1883.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 8 9 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Henry Wahl

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

14. Maiden name Hosie Wahl

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

16. (a) Informant Mrs. James W. Dyer

(b) Address 3855 Botanical A ve.,

17. (a) Removal (b) Date thereof Nov. 4/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) NOV 3 1941 (b) J. J. Budick  
(Date received local Registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2  
year 1941 hour 8.20 minute A.M.

21. I hereby certify that I attended the deceased from Oct 31  
1941 to Nov 2 1941  
that I last saw her alive on Nov 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage possible meningitis  
Due to.....

Due to.....  
Other conditions (Include pregnancy within 3 months of death) 3a

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature C. H. Keller (M. D. or other) O  
Address 3121 Grand Date signed 11/3/41

Dr. C.H. Kilker,  
3121 N. Grand Blvd.,  
Fr. 1244.  
10-12 or 2-4 P.M.

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**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..... *Wilford G. Burnley* .....

Licensed Embalmer No. *42020* .....

P. O. Address *St. Louis, 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, fact should be so stated above.**