

FILED FEB 3 1942

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 201

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Barretts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Highland drive/Barretts Station
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 7 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Barretts Station
(If outside city or town limits, write "RURAL")
(d) Street No. Highland Drive (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1942 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from August
6, 1941, to January 26, 1942
that I last saw her alive on Jan. 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Hypertension
Essential atherosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 94a
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 Henry Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed 1/26/42

3. (a) PRINT FULL NAME Margaret Ingram (Maggie)

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

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

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

7. Birth date of deceased: June 30 (Month) (Day) (Year) 1859

8. AGE: Years 82 Months 11 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace: ? / Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At home

12. Name ? Amburn

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

14. Maiden name ? Unknown

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

16. (a) Informant Wm. E. Funk

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Jan. 27-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballwin, Mo

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JAN 26 1942 (b) H. McHarron M.D. (Registrar's signature)

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

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..... *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Dallwin, 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.