

FILED MAY 7 1942
Registration District No. **3991**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 22 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1702 Papin Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Ingram

3. (b) If veteran, name war _____ 3. (c) Social Security No. Twin #1

4. Sex Male 2. Color or race Negro 6. (a) Single, widowed, married, divorced Δ
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 28 42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3.4 hr. 20 min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name Paris Ingram
13. Birthplace Forrest City / Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Alice Tabron
15. Birthplace Forrest City / Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Father May Shward
(b) Address 2601 N. Whittier Street

17. (a) _____ (b) Date thereof APR 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director J. H. Hamelton
(b) Address City Health Dept

19. APR 29 1942 (Date received local registrar) (b) J. S. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 42 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10:55AM
3-28, 1942 to 3:15PM 3-28, 1942
that I last saw him alive on 3 28, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration _____

Due to _____
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature D. S. Moore (M. D. or other) _____
Address 2601 N. Whittier St. Date signed _____

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.....

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.