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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16279

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4503

00 17 9

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2718 Dayton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Ingram

3. (b) If veteran, name war

3. (c) Social Security No. 194-09-5387

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Lena Engraham

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June (Month) 6 (Day) 1894 (Year)

8. AGE: Years 47 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Steel Clipper

11. Industry or business

FATHER 12. Name Sam Engraham

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

MOTHER 14. Maiden name Ester Kenner

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

16. (a) Informant Ester Kenner

(b) Address 2628 N. Dolman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director L. A. Green

(b) Address 2915 Franklin

19. (a) MAY 4 1942 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21, year 1942 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 11, 1942 to May 21, 1942 that I last saw him alive on May 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension — Duration: Unknown

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. W. Carney (M. D. or others)

Address 2801 Whittier Date signed 5/21/42

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(Licensed Embalmer's Statement on Reverse Side)

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 2913 Franklin

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.