

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38053

State File No. _____

FILED DEC 10 1942

Registration District No. 764

Primary Registration District No. 101

Registrar's No. 2389

96
6896
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 305 E. Fannie Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel O. Ingram

3. (b) If veteran. name war ?

3. (c) Social Security No. ?

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Margaret Ingram 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 26 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day
hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Maurice Rice

13. Birthplace Crittendon Co. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Elizabeth Unk.

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

16. (a) Informant Edward Ingram

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 11-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Catholic Church

18. (a) Signature of funeral director Funeral Home Co.

(b) Address 200 Michigan

19. (a) NOV 16 1942 (b) E. M. Ingram
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1942 hour 2 minute :32 p.m.

21. I hereby certify that I attended the deceased from 11-6-42 to 11-13-42, 19____;
that I last saw him alive on 11-13-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction anterior & posterior coronary arteries Duration 4-5 hrs.

Due to _____

Due to gfa

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

Major findings: Of operations _____

Of autopsy Coronary Occlusion

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 John S. Matthews (M. D. or other) _____
Address St. Louis County Hosp Date signed 11/16/42

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.....
Oliver E. Smith

Licensed Embalmer No..... *4148*

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.