

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 3647

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED APR 28 1943
Registration District No. 818

Primary Registration District No. 1003

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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:
6119 Colorado Ave.
(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 45 Years
years, months or days)

3. (a) PRINT FULL NAME Colevia Ingleton

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

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

6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 17 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife
11. Industry or business Self
Oliver Keith

12. Name _____
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know
15. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address 6119 Colorado Ave.

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 3030 Bell Ave

19. (a) APR 19 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6119 Colorado Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. U.S.A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15 year 1943 hour 03 minute 00 M.

21. I hereby certify that I attended the deceased from Man 5th 1943 to Apr 15 1943 that I last saw her alive on Apr 15 and that death occurred on the date and hour stated above.

Immediate cause of death Meningeal Cocainoma

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H8

Major findings: Of operations _____

Of autopsy _____

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 J. W. Smith (M. D. or other) [Signature]
Address 4209 Wilkinson Ave. Date signed 4/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, above space should be left blank.