S. No. 2
OM—2-43
FILED JUN 25 1943
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22407

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1437

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
D. O. A. St. Louis Co. Hosptal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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 Olivette
(If outside city or town limits, write "RURAL")
(d) Street No. 9335 Old Bonhomme Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Everett C. Inge,
3. (b) If veteran, name war --
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma Vassar Inge
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan (Month) 15 (Day) 1884. (Year)

8. AGE: Years 59 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Roller Rink Operator
11. Industry or business
FATHER
12. Name Henry Inge
13. Birthplace St. Clair (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Jessie Hamilton
15. Birthplace St. Clair, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Emma Inge,
(b) Address 9335 Old Bonhomme Rd.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemty,
18. (a) Signature of funeral director Louks H. Bopp, Inc.
(b) Address Kirkwood, Mo.,
19. (a) JUN 22 1943 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943. hour 4 minute A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Suicide by shooting self
Due to in head with revolver.
Due to Bullet wound right side of head; Multiple fractures of the
Other conditions skull.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

164c

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 20, 1943
(c) Where did injury occur? Olivette, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 131 W. Argonne, Kirkwood Date signed 6/21/

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(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1943

JUL 28 1943

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.