

FILED NOV 30 1944  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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: **Little Sisters of the Poor**  
**3225 NO. FLORISSANT AVE.**  
(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

3. (a) PRINT FULL NAME **DAVID A. INMAN**

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 **WIDOWED**

6. (b) Name of husband or wife **MARGARET HODNETT INMAN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JANUARY 25 1864**  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
**80 9 25** hr. \_\_\_\_\_ min.

9. Birthplace **KEOKUK IOWA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED SALESMAN**

11. Industry or business \_\_\_\_\_

12. Name **MORRIS INMAN**

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

14. Maiden name **LEVINA TOOLIN**

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

16. (a) Informant **SISTER JEANNE**

(b) Address **3225 NO. FLORISSANT AVE**

17. (a) **REMOVAL** (b) Date thereof **11/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KEOKUK, IOWA**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**  
(b) Address **7233 DELMAR BLVD.**

19. (a) **NOV 22 1944** (b) **J. J. Branch**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **MO**  
(c) City or town **SAINT LOUIS** (If outside city or town limits, write "RURAL")  
(d) Street No. **3225 N. FLORISSANT AVE.** (If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **20<sup>th</sup>**  
year **1944** hour **1:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 15 1944** to **November 20 1944**  
that I last saw him alive on **November 20 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Spontaneous Chronic Myocarditis**

Due to \_\_\_\_\_  
Due to **930**  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations \_\_\_\_\_  
Of autopsy **None**

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

22. If death was due to external causes, fill in the following: **No**  
(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? \_\_\_\_\_

23. Signature **Benjamin H. Hall** (M. D. or other) \_\_\_\_\_  
Address **2302 Salubry St.** Date signed **11-20-44**

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

Dr. Edward J. Kott  
2300 Salisbury  
CE - 9564

9166

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**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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis 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.**