

FILED JUN 4 1945
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether in this community 4 years years, months or days)

3. (a) PRINT FULL NAME Margaret Ingram

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Female

5. Color or Race White

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

6. (b) Name of husband or wife Henry Ingram

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

7. Birth date of deceased 3 (Month) 9 (Day) 1917 (Year)

8. AGE: Years 28 Months 2 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Sweet Home Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Home Work

12. Name Willie Davidson

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

14. Maiden name Walla Smith

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

16. (a) Informant Willie Davidson

(b) Address 3838 Finney Ave.

17. (a) _____ (b) Date thereof 5/10/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Bur.

18. (a) Signature of funeral director Bobby Bro.

(b) Address 776 Ferguson Ave.

19. (a) MAY 16 1945 (Date received local registrar) (b) J. J. Brink (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4064 Finney
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14, year 1945 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 9, 1945, to May 14, 1945
that I last saw her alive on May 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration Terminal

Due to Malignant Hypertension Unk.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 132'2

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. F. Murphy (M. D. or other)

Address 2601 W. Hutton Date signed 5/16/45

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..... *James J. Johnson*.....

Licensed Embalmer No..... *3522*.....

P. O. Address..... *3704 Kennedy*.....

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.