V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18856

Primary Registration District No. 1003

Registrar's No. 5107

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: City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

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. 2619 Sullivan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Inglis

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Ingles

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

7. Birth date of deceased Sept. 30 1895 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name William J. Inglis

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

14. Maiden name Johanna Duffy

15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant William J. Inglis
(b) Address 2619 Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.

19. (a) JUN 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 8 minute 10 P.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 1. Cerebral hemorrhage of brain. 2. Physical trauma when she was found at the bottom of a spiral stairway leading from the dressing room to the basement of a department building located at 3640 N. Grand Blvd. Found 8:30 P.M. June 5, 1945

Duration

Other conditions
(Include pregnancy within 3 months of death)

Contributing causes Cause and Manner of death cannot be determined Gen. Verdict

Major findings of autopsy

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) Gen. Verdict
(b) Date of occurrence June 5 1945
(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? Basement (Specify type of place)
While at work? (e) Means of injury as above

23. Signature Stanley E. Taylor (M. D. or other)
Address City Date signed 6/9/45

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Chand

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.