

FILED JAN 11 1946 **STANDARD CERTIFICATE OF DEATH** 1003

State File No. **39315**

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **11518**

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:
1021 California 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 abt 25 yrs
years, months or days

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. 1021 California Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BORA Ingram

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race negro

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

6. (b) Name of husband or wife Fletcher Ingram 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 31-1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Mound La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business At Home

MOTHER FATHER

12. Name Bern Lane

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

14. Maiden name Ella Johnson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Fletcher Ingram

(b) Address 1021 California Ave

17. (a) Burial (b) Date thereof 12-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Bros

(b) Address 3644 Finney Ave

19. (a) DEC 28 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Sclerosis

Due to HTA

Other conditions _____
(Include pregnancy within 3 months of death)

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) (b) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address 1021 California Ave Date signed 12/27/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.