DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17896

Registration District No. 37 Primary Registration District No. 3063 Registrar's No. 1153

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 23 days (Specify whether
In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLORA INGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 31 (Day) 54 (Year)

8. AGE: Years 92 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
12. Name Chester Inge
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ava Powell
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Friend: Mrs. Colley
(b) Address St. Louis, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Union Mo.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) 5-27-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1946 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 3rd, 1946, to May 26th, 1946, that I last saw her alive on May 26th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure on an Arteriosclerotic Heart — Duration 2 days

~~Due~~ to Terminal bronchopneumonia — 2 weeks

~~Due~~ to Fracture of left hip — 1 month 23 days

Other conditions (Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED FROM PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Partial cause
(a) Accident, suicide, or homicide (specify) Accident 134
(b) Date of occurrence 4-3-46
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph X Judy (M. D. or other) MD
Address St. Louis County Hosp. Date signed 5/26/46

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Denwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jun 1

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1153

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Flora Inge

3. (b) If veteran, name war (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 3 (Month) (Day) 1854 (Year)

8. AGE: Years 92 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 6 year 1946 hour 20 minute 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

Due to 5

Due to 1 6 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Fall

(b) Date of occurrence 4-3-1946

(c) Where did injury occur? Ulety (City or town) Stone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury Fall on floor

23. Signature Joseph D Judy (M. D. or other)

Address St Louis County Date signed 15 June 46

SUPPLEMENTARY

16775

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

17896