V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38736

FILED NOV 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9787

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

37551

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:
6006 Washington Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County One

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6006 Washington Ave 5 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HARRIS INGER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Esther Ruth Inger

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

7. Birth date of deceased About (Month) 1860 (Day) (Year)

8. AGE: Years ab. 86 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocer

FATHER
12. Name Isaac Baer Inger 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Libby Rose (unk)
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Jacob Inger
(b) Address 6255 Cabanne

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) NOV 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1946 hour 4 minute 54 P.M.

21. I hereby certify that I attended the deceased from 10-14-46, 19 to Nov. 15, 1946 that I last saw him alive on Nov. 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	15 yrs
Due to General Arterio Sclerosis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. J. Goldenson, (M. D. or other)
Address 508 N. Grand Ave Date signed 11-16-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.