

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2669

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **551**

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:
Residence; 1312 So. Sixth Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1312 So. Sixth Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **16th**, 19**47**
year _____ hour **1** minute _____ P. M.
21. I hereby certify that I attended the deceased from **January 13th**
19**47** to **January 16th**, 19**47**
that I last saw him alive on **January 16th**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

—Underline
the cause to
which death
should be
charged sta-
tistically.

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?
Dr. Frank Demko

While at work? _____ (e) Means of injury _____

23. Signature **J. F. Breddeck** (M. D. or other) _____
Address **1319 So. Bdway.** Date signed **1/16/47**

3. (a) PRINT FULL NAME **BARTHOLOMEW INMAN.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Carrie Marie Inman** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **May 8 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 8 hr. _____ min.

9. Birthplace **Keokuk, Iowa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **unknown**

12. Name **Morris Inman.**

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

14. Maiden name **Levina Toolin.**

15. Birthplace **County Cork, Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mayme Inman.**

(b) Address **1311 So. Broadway Blvd.,**

17. (a) **Removal** (b) Date thereof **1-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Keokuk, Ohio.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd., St. Louis, Mo.**

19. (a) **JAN 17 1947** (b) **J. F. Breddeck**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr Frank Decker
1319 So Broadway

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood NJ

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.