

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11102BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 695

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1523 Franklin</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>-</u> c. (Last) <u>Ingram</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-5-03</u>
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bush, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Holden Ingram</u>	
13b. MOTHER'S MAIDEN NAME <u>Susie Allbrooks</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>??</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hospital</u>		ADDRESS <u>Hospital Records, Robt. Koch Hospital</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs(?)</u>	
ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) _____	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>UOZX</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>10-10-1950</u> , to <u>3-11-1951</u> , that I last saw the deceased alive on <u>3-11-1951</u> , and that death occurred at <u>12:35 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Robert B. Stone</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Robert Koch Hospital</u>	
23c. DATE SIGNED <u>3-12-51</u>		24a. BURNAL CREMATION REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>3-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington University</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester</u>	
DATE REC'D BY LOCAL REG. <u>3-18-51</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donker, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.