

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2424

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 OR TOWN <u>University City</u>)		c. LENGTH OF STAY (In this place) <u>20 yrs</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4336</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 Interdrive</u>		d. STREET ADDRESS (If rural, give location) <u>708 Interdrive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) _____ c. (Last) <u>INGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/12/1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>(unknown)</u>
9. AGE (In years last birthday) <u>ab 67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Latvia (USSR)</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unk</u>	
13a. FATHER'S NAME <u>Morris Brody</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Max Inger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Max Inger</u> ADDRESS <u>708 Interdrive</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Hypertension</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb</u> 19 <u>40</u> , to <u>6/12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/11</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. J. Goeberson M.D.</u>		23b. ADDRESS <u>508 N. Grand</u>	
23c. DATE SIGNED <u>6/13/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>6/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	
24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>	
DATE REC'D BY LOCAL REG. <u>6-14-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donke M.D.</u>	

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 *James D. Ludwig*
Licensed Embalmer No. 4229

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.