

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43048

State File No.

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11093

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>116</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>4039 HUMPHREY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) _____ c. (Last) <u>INGENBOHS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-29-1888</u>
9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR <u>15</u> Months	IF UNDER 24 HRS. _____ Hours _____ Min.
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 <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>CHARLES KAHN</u>	
13b. MOTHER'S MAIDEN NAME <u>BARBARA MOHRMAN</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE J INGENBOHS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George J. Ingenbohs</u>		ADDRESS <u>4039 HUMPHREY</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permanent Sept. embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension (old)</u> DUE TO (c) <u>deletes, neclites</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>2ndX</u>		22. I hereby certify that I attended the deceased from <u>Dec. 1951</u> , to <u>Dec</u> , 1951, that I last saw the deceased alive on <u>Dec 13, 1951</u> , and that death occurred at <u>9:30 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Carl Smith</u> (Degree or title)		23b. ADDRESS <u>New Pae Hwy</u>	
23c. DATE SIGNED <u>12-14-51</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PAUL church yd</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Winghermuhle</u> ADDRESS <u>3819 S Grand</u>	
DATE REC'D BY LOCAL REG. <u>DEC 15 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed: *George J. Ringbaum*
Licensed Embalmer No. *4611*

P. O. Address *St Louis Mo*

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.