

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3269

State File No.

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0282	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 30 YES		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1707 Marcus Avenue				6. STREET ADDRESS (If rural, give location) 1707 Marcus Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) T.		c. (Last) Ingle		4. DATE OF DEATH (Month) (Day) (Year) 1 - 9 - 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 - 28 - 1877		9. AGE (In years last birthday) 75	10. MONTHS 75	11. HOURS 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - notions		10b. KIND OF BUSINESS OR INDUSTRY J.R. Watkins Co.		11. BIRTHPLACE (City and State or Foreign Country) Gibson County, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Ingle		13b. MOTHER'S MAIDEN NAME Sarah --		14. NAME OF HUSBAND OR WIFE Eleanor V. Ingle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-36-2764A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eleanor V. Ingle ADDRESS 1707 Marcus			
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Vascular Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42' O.K.			
22. I hereby certify that I attended the deceased from 11/20 , 19 52 , to 1/9 , 19 53 , that I last saw the deceased alive on 1/7 , 19 53 , and that death occurred at 2:00P m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Bergman (Degree or title) MD				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 1/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/13/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JAN 12 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.			

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

Dr. Bergman
3720 Washington

8-9:30AM &
2 - 3 PM daily

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.....

Albert R. Thompson

Licensed Embalmer No. 4637

P. O. Address St. Louis

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.