

FILED JUL 26 1954

THE DIVISION OF HEALTH OF THE STATE OF ARIZONA  
STANDARD CERTIFICATE OF DEATH

State File No. 24715

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6215

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arizona b. COUNTY Maricopa			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN Phoenix		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 8020 8			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) Q		c. (Last) INGAMELLS, Jr.		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1905	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 5		IF UNDER 4 HRS. Hours 9		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Manager	
10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Walter Q. Ingamells, Sr.		13b. MOTHER'S MAIDEN NAME Edwina Wasson		14. NAME OF HUSBAND OR WIFE Mildred Ingamells			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. 494-05-8075		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Ingamells, Phoenix, Ariz.			
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) Acute Cholecystitis with stone and perforation of gall bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gale hepatitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1.) Bile Peritonitis 2.) Wound Abrasion				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 weeks 1 day	
19a. DATE OF OPERATION 6/28/54		19b. MAJOR FINDINGS OF OPERATION Acute cholecystitis with stone, perforation of gall bladder				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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 584X					
22. I hereby certify that I attended the deceased from 6/28/54, to 7/7/54, that I last saw the deceased alive on 7/7/54, 1954, and that death occurred at 9 m., from the causes and on the date stated above.							
23a. SIGNATURE E. Stindell, M.D.				23b. ADDRESS 3701 Grand St.		23c. DATE SIGNED 7/9/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/10/54		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 9 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Popp, Inc. Kilmor no.			

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

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**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.....  
Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *47*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.