

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-023409
 State File No. 5935
 Registrar's No.

FILED JUN 30 1958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				e. STREET ADDRESS (If rural, give location) 10024 Hiway 66			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) LOUIS		c. (Last) INGRAHAM		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1958	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 3, 1902	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 0 Days 4		IF UNDER 24 HRS. Hours 4 Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Ohio	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Parts Checker		10b. KIND OF BUSINESS OR INDUSTRY General Motors		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edwin D. Ingraham			13b. MOTHER'S MAIDEN NAME Nanabelle Chamberlain			14. NAME OF HUSBAND OR WIFE Laura Ingraham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-09-4879		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Ingraham, 10024 Hiway 66, Kirkwood			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) far advanced carcinoma to spine and skull metastases ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Carcinoma of urinary bladder and penis				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 mos. 16 mos.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 1992			
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 _____			
22. I hereby certify that I attended the deceased from Feb 1956 , to June 7, 1958 , that I last saw the deceased alive on June 7, 1958 , and that death occurred at 8 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dominic J. Verda, M.D.				23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 6-9-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/11/58		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 9 '58		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Popp, Inc. Kirkwood Mo			

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.....
Signature of Student Embalmer

Signed *Thomas J. Hyland Jr*.....
Licensed Embalmer No. 4512.....

P. O. Address *Richmond*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.