

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028461

FILED VS AUG 4 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7063** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3135 Lucas Ave.		
3. NAME OF DECEASED (Type or print) First Eugene Middle Ingram Last				4. DATE OF DEATH Month 7 Day 11 Year 60				
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-1-17		
9. AGE (last birthday) 43		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY unemployed		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Rance Ingram			13b. MOTHER'S MAIDEN NAME Fannie Britt			14. NAME OF HUSBAND OR WIFE Willett Ingram		
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. 415-01-6418		17. INFORMANT Address Willett Ingram 3135 Lucas Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor pulmonale DUE TO (c) Emphysema and pneumonia / etc -							INTERVAL BETWEEN ONSET AND DEATH 10 hours 3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 527.1							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from May '60 to 7/11/60 and last saw him alive on 7/11/60 Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R.J. Williams, M.D. (Degree or title)				22b. ADDRESS 4701 A St. Louis Ave.			22c. DATE SIGNED 7/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-16-60		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetry		23d. LOCATION (City, town, or county) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Dement & Son ADDRESS 2629-31 Cole Street			25. DATE RECD. BY LOCAL REG. JUL 14 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>MSB</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W. Jackson

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.