

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42276

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis (No. 13)

James Hospital

St. 12

Ward

**2. FULL NAME**

(a) Residence, No. 5336 Emiglet St., 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred C. Farrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26, 1893</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>9</u>
		<u>10</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 21, 1931</u>	11. Total time (years) spent in this occupation <u>23</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		

FATHER	13. NAME <u>John Ingrans</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lockhart, Texas</u>
MOTHER	15. MAIDEN NAME <u>Anna T. Vebert</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
17. INFORMANT (ADDRESS) <u>Fred C. Farrow</u> <u>5336 Emiglet St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. A. Plaza</u> DATE <u>Dec 10, 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Thomas P. Stalle</u> <u>1111 N. 1st St.</u>	
20. FILED <u>DEC - 7 1931</u> Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1931, to December 6, 1931

I last saw her alive on December 6, 1931. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor -  
Benign  
St. Louis  
St. Louis

Other contributory causes of importance:  
Craniotomy

Date of onset  
1929

Dec 5

Name of operation... Craniotomy Date of... Dec 5, 1931

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Mr. Smith, M. D.  
(Address) James Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

