

**FILED** MAR 4 1946  
Registration District No. **217**

Primary Registration District No. **3070**

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Webster Groves  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
139 Drake Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County St. Louis **96**  
 (c) City or town Webster Groves **7**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 139 Drake Ave. **4**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alice L. Wendell  
**3. (b) If veteran,** name war None. **3. (c) Social Security No.** 489-07-5868

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Divorced  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** April 7, 1910  
 (Month) (Day) (Year)

**8. AGE:** Years 35 Months 10 Days 17 If less than one day  
 hr. min.

**9. Birthplace** Farmington Mo. (City, town, or county) (State or foreign country)  
**10. Usual occupation** Office Work and tenography

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** John W. Ingram  
**13. Birthplace** Evansville Ind. (City, town, or county) (State or foreign country)  
**14. Maiden name** Clara L. Watts  
**15. Birthplace** Farmington Mo. (City, town, or county) (State or foreign country)

**16. (a) Informant** Clara Clay  
**(b) Address** 139 Drake Ave. Webster Groves Mo.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** Feb. 28, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Bethany Cem.

**18. (a) Signature of funeral director** Jay B. Smith  
**(b) Address** 7456 Manchester Ave. Maplewood, Mo.

**19. (a) 2-27-46** **(b) E. M. Garrison**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 24 year 46 hour 00 minute 10 P. M.  
**21. I hereby certify that I attended the deceased from** 2/24/46 19, to 2/24/46 19;  
 that I last saw her alive on 2/24/46 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage **Duration** 3 hrs  
 Due to Malignant Hypertension **5 yrs**  
 Due to Hypertensive Blood Disease **5 yrs**  
 Other conditions: 6361

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_  
**(c) Where did injury occur?** \_\_\_\_\_ (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** E. C. Drace Jr. (M. D. or \_\_\_\_\_)  
**Address** 19 E. Lockwood **Date signed** 2/28/46

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

5555

*W. Braddock*

*W. Braddock*

**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 *3454*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *7456 Manchester*

**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.**