

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29613**

REC'D AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7186**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2179</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>3406 Eads Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>JJ</b> c. (Last) <b>Ingenbohs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-25-1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, <b>Married</b> (Specify)	8. DATE OF BIRTH <b>2-12-1903</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR <b>5</b> Months <b>13</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Traffic Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lewis-Howe Med. Co</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Ingenbohs</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Ebner</b>		14. NAME OF HUSBAND OR WIFE <b>Helen M Otoole Ingenbohs</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>World WAR II</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-07-3776</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen M Ingenbohs 3406 Eads</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7-24-52</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? <b>4201.</b>

22. I hereby certify that I attended the deceased from **7-24**, 19**52**, to **7-25-52**, 19**52**, that I last saw the deceased alive on **7-25-52**, 19**52**, and that death occurred at **4:39 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John M. Flynn B.S.M.D.</b>	23b. ADDRESS <b>1715 So 39th St. St. Louis</b>	23c. DATE SIGNED <b>7-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-28-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819 S Grand blvd</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*Geo. W. Klingensmuhl Jr*

Licensed Embalmer No.

*4611*

P. O. Address

*St. Louis Mo.*

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.