

MAY 15 1940

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Childrens Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mo. 20 da.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days life

3. (a) PRINT FULL NAME Presson, Ronald Ray  
3. (b) If veteran, name war child  
3. (c) Social Security No. child

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife child  
6. (c) Age of husband or wife if alive Child years  
7. Birth date of deceased 2-6-40  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business \_\_\_\_\_

12. Name William Presson

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louis Vance

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wedder

(b) Address 416 S. Kings Highway

17. (a) Burial (b) Date thereof 4/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director W.H. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) APP-5 1940 (b) J. Bricker  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1908 LaSalle  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5  
year 40 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-16  
1940, to 4-5, 1940

that I last saw h/i m. alive on 4-5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Respiratory failure  
Respiratory Obstruction

Due to Lymphangiosarcoma of neck  
of neck

Other conditions Primary site in lymphatics  
(Include pregnancy within 3 months of death)

Major findings: Of operations Chemical Lymphomas

Of autopsy 53

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 J. Bricker (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed 4-5-40

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

Rev. 5-17-39 I X1551

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.

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**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.....

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

Signed L. R. Cooper.....

Licensed Embalmer No. 2633.....

P. O. Address 2317 Lafayette.....

**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, above space should be left blank.**