

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26754

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1843</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co. 1.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2019</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Creve Coeur</u>		c. LENGTH OF STAY (In this place) <u>2 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>St. Louis</u>		1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Oliver & Fee Road</u>				d. STREET ADDRESS (If rural, give location) <u>6215 Morganford Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam D.</u> b. (Middle) <u>Igleheart</u> c. (Last) <u>Igleheart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1952</u>				
5. SEX <u>male U</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 4, 1891</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Odessa Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Igleheart</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ware</u>		14. NAME OF HUSBAND OR WIFE <u>Velah Igleheart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-09-2120</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velah Igleheart 6215 Morganford</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>1 yr.</u>
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>442X</u>				
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?				
22. I hereby certify that I attended the deceased from <u>May 14, 1952</u> , to <u>July 3rd, 1952</u> , that I last saw the deceased alive on <u>June 30, 1952</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Matterson M.D.</u>				23b. ADDRESS <u>3608 So. Grand</u>		23c. DATE SIGNED <u>7/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-5-52</u>	REGISTRAR'S SIGNATURE <u>Robert R. Pombe</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand</u>		

Sud (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

John S. Demmel

Licensed Embalmer No. 4194

P. O. Address _____

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.