Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18974

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4460

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital — Length of stay in 1b: 19 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1166 Pembroke — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Iva Middle: R. Last: Ligon

4. DATE OF DEATH: Month May Day 9 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 23, 1895

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Spencer County, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Oskins

14. MOTHER'S MAIDEN NAME: Martha Huff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-76-1773

17. INFORMANT: Murray L. Ligon, 1166 Pembroke (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary lymphocytic infiltration — 2 wks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 204.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 15 1957 to May 9 1957 and last saw him alive on May 8 1957. Death occurred at 1:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. Victor Keese (Degree or title) MD

22b. ADDRESS: 120 E. Lockwood Webster Groves, Mo.

22c. DATE SIGNED: 5/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-13-57

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: Mittelberg Funeral Home, Inc. ADDRESS: Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.: MAY 10 '57

26. REGISTRAR'S SIGNATURE: [illegible] MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John L Denn

Licensed Embalmer No. 41

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.