

XC- 1320639  
SL- 15095

FILED DEC 20 1957  
Registration District No.

STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No.

1003

STATE FILE NUMBER

12024

Registrar's No.

V. S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>2640 HICKORY</b>	
3. NAME OF DECEASED (Type or print) First <b>MOSE</b> Middle Last <b>INGRAM</b>		4. DATE OF DEATH Month <b>12</b> Day <b>13</b> Year <b>57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-25-91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KITCHEN HELPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and state or country) <b>HAMBURG ARKANSAS</b>
13a. FATHER'S NAME <b>DOCK INGRAM</b>		13b. MOTHER'S MAIDEN NAME <b>EDNA ROBISON</b>	14. NAME OF HUSBAND OR WIFE <b>LUCILLE INGRAM</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WW -1</b>		16. SOCIAL SECURITY NO. <b>429-03-3065</b>	17. INFORMANT <b>VA HOSP RECORDS 915 N GRAND ST LOUIS MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LYMPHOSARCOMA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) - DUE TO (c) - <b>2001</b>			-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <b>NONIE</b> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>10-21-57</b> to <b>12-13-57</b> and last saw him live on <b>12-13-57</b> Death occurred at <b>2:50 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. D. Vaughan</i>		22b. ADDRESS <b>VAH. ST. LOUIS, MO.</b>	
22c. DATE SIGNED <b>12-13-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-13-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL BURIAL CEMETARY</b>		23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACK, MO</b>	
24. FUNERAL DIRECTOR, <b>McCLAIN 4251 WASHINGTON</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 14 57</b>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <b>S. P.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....  
Signature of Student Embalmer

Signed *Leroy H. Fannister* .....

Licensed Embalmer No. *4323* .....

P. O. Address *4251 Washington* .....

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

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