

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008523

FILED VS FEB 23 1960

2 1535

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, | Length of stay in 1b 6 days | c. CITY OR TOWN St. Louis, | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF DECEASED (If not in hospital, give location) St. Louis-Little Rock Hospitals, Inc., | | d. STREET ADDRESS 5610 Etzel Ave., | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Roosevelt Middle - Last Liggins | 4. DATE OF DEATH Month Feb. Day 7, Year 1960. |
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| 5. SEX Male | 6. COLOR OR RACE Colored | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH June 2, 1903, | 9. AGE (last birthday) 56 yrs. | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|------------------------------------|---|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Packing Co., | 11. BIRTHPLACE (City and state or country) LELAND, MISS. | 12. CITIZEN OF WHAT COUNTRY U.S.A |
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| 13a. FATHER'S NAME JIM LIGGINS | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE Mary |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 425-99-3832 | 17. INFORMANT MARY LIGGINS 5610 ETZEL | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Hemorrhage Pulmonary | 10 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma Rt Lung | |
| | DUE TO (c) 163x | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 |
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21. I attended the deceased from **Feb. 2, 1960** to **Feb. 7, 1960** and last saw ^{her}him alive on **Feb. 7, 1960**
Death occurred at **7:05 P.M.,** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE J. Liggins (Degree or title) M.D. | 22b. ADDRESS 1755 So. Grand Blvd., | 22c. DATE SIGNED FEB 10 1960 |
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|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 2-12-60 | 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK | 23d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY, MO. |
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| 24. FUNERAL DIRECTOR L. W. ANDERSON 4481 FINNEY AVE. | ADDRESS | 25. DATE RECD. BY LOCAL REG. FEB 10 1960 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur L. Heallard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.