

STANDARD CERTIFICATE OF DEATH

State File No.

11024

FILED DEC 28 1945 318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2279 Blendon Pl
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUELLA LIGON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. ~~Single~~ widowed, ~~Married~~ Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Relly Wright

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

14. Maiden name Nanny Scaff

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

16. (a) Informant Anna Lee Cunningham

(b) Address 2005 S. Grand St. Louis, Mo.

17. (a) Removal (b) Date thereof Dec. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville Tenn.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) Dec 18 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 15th,
year 1945 hour 1:40 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from December
13, 1945, 19 _____ to December 15, 1945;
that I last saw h. or alive on December 14, 1945, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myocarditis, Dec.
To my knowledge, 13,
1945.

Other conditions Chronic Interstitial Nephritis.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) M. D.
Address 320 Metropolitan Bldg. Date signed 12/15/45

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

MOTHER FATHER

Duration
Dec. 13, 1945.
PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 25 1946

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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 3454

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

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.