

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17896
Registrar's No. 1126

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 1703 BANNEKER	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) Pertha b. (Middle) VIRGINIA c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 5 7 1949		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 27, 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 5 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. C.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME WILLIS JONES	13b. MOTHER'S MAIDEN NAME BELLE JOHNSON	14. NAME OF HUSBAND OR WIFE CHARLES M. THOMPSON
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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) NO	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Thos. M. Thompson ADDRESS ST. LOUIS, MO. 1703 BANNEKER
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 443X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive coarctation aortic disease		
	DUE TO (c) 490		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. tumor of hard palate			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5-6**, 19**49**, to **5-7**, 19**49**, that I last saw the deceased alive on **5-7**, 19**49** and that death occurred at **10:21** a.m., from the causes and on the date stated above..

23a. SIGNATURE Thos M Thompson MD (Degree or title)	23b. ADDRESS 601 S. Brentwood Clayton	23c. DATE SIGNED 5-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 11, 1949	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.
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DATE REC'D BY LOCAL REG. 5-9-49	REGISTRAR'S SIGNATURE Thos M Thompson	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co - St. Charles, Mo ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2
3
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SEP 17 1953

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo.

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.