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

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35649
8820

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROTHERS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
d. STREET ADDRESS (If rural, give location) 6946 Pershing Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) DON
b. (Middle) HOYT
c. (Last) THOMPSON.

4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 24, 1899
9. AGE (In years last birthday) 50 — 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) magazine editor
10b. KIND OF BUSINESS OR INDUSTRY Post-Dispatch
11. BIRTHPLACE (State or foreign country) Portland, Oregan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Thompson
13b. MOTHER'S MAIDEN NAME Alta Hoyt
14. NAME OF HUSBAND OR WIFE Madge Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W. W. #1
16. SOCIAL SECURITY NO. 486-14-2446
17. INFORMANT'S SIGNATURE OR NAME Mrs. Madge Thompson, 6946 Pershing Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage rt. int. capsule. c̄ Rt. hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension and Art. sclerosis - for yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 4-30, 1948, *to* 10-12, 1949, *that I last saw the deceased alive on* 10-12, 1949, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Hammond (Degree or title) M.D.
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 10/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10-15-49
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Missouri. (State)

DATE REC'D BY LOCAL REG. OCT 13 1949
REGISTRAR'S SIGNATURE H B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C.R.Lupton & Sons; 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1950

Sept 11 1950

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.

Signed Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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