

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43016

State File No. _____

FILED JAN 7 1950

11207

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

1. PLACE OF DEATH a. COUNTY MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS 1427 PAPIX (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION PHILLIPS HOSPITAL		e. (Last) _____	
3. NAME OF DECEASED (Type or Print) ADDIE MAE THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) December 26 1949	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED	8. DATE OF BIRTH July 31st 1918
9. AGE (In years last birthday) 30		10. MONTHS _____	11. DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Will MURRY		13b. MOTHER'S MAIDEN NAME HANNAH RACKLEY	
14. NAME OF HUSBAND OR WIFE _____		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. _____		17. INFORMANT'S SIGNATURE OR NAME Waniel Ruffin ADDRESS 1429 PAPIX	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation: suffocation when strangled with scarf in bedroom of home at 1427 Papix by one Wm McKeeney Col. (Ex-act Time Unknown) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Dec. 26 - 1949 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT OR HOMICIDE (Specify) HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:28 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. Quinn Deputy Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/29/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12 29 49		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE Andrew Burks ADDRESS 212 Carrall St	
25a. REGISTERED BY LOCAL HEALTH DEPT. _____		25b. REGISTRAR'S SIGNATURE J. B. Pasater	

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

[Faint handwritten marks]

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

Theodore A. Randall

Licensed Embalmer No. _____

4243

P. O. Address _____

*143 Foster Street
New York*

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.