

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43019

FILED JAN 7 1950

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State File No. 11103

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

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

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, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1312 N. Prairie Avenue		d. STREET ADDRESS (If rural, give location) 1312 N. Prairie Avenue	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Sam	b. (Middle)	(Month) Dec.	(Day) 26, (Year) 1949
c. (Last) Thompson			

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 15, 1903	9. AGE (In years last birthday) 46	# UNDER 1 YEAR Months 2	YEAR Days 11	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sherron, Tenn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Wiley Thompson	13b. MOTHER'S MAIDEN NAME Clemmie Merrell	14. NAME OF HUSBAND OR WIFE None
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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.	17. INFORMANT'S SIGNATURE OR NAME T. Murphy, Jr.	ADDRESS 2834 Thomas St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	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) 93
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1113X
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22. I hereby certify that I attended the deceased from **Dec. 16, 1949**, to **Dec. 26, 1949**, that I last saw the deceased alive on **Dec. 20, 1949**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Monroe H. Little, M.D.	(Degree or title)	23b. ADDRESS 3167 Sheridan	23c. DATE SIGNED 12-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 30, 1949	24c. NAME OF CEMETERY OR CREMATORY Father Dixon	24d. LOCATION (City, town, or county) (State) St. Louis County
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J. B. Insater	25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce	ADDRESS 1221 N. Grand Blv
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lawrence Croshaw*.....

Licensed Embalmer No. 4755.....

P. O. Address U.....

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.