

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

#27342

318

1003

2897

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | a. STATE MO | |
| c. LENGTH OF STAY (In this place) | | b. COUNTY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | c. CITY (If outside corporate limits write RURAL and give township) St. Louis | |
| | | d. STREET ADDRESS (If rural, give location) 22 - 730 So. 6th Street (east) | |

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|-------------------------------------|---------------------|-------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) FRANK | b. (Middle) THOMPSON | c. (Last) THOMPSON | 4. DATE OF DEATH (Month) (Day) (Year) March 25, 1950 |
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|--|-----------------------------------|--|------------------------------|---|
| 5. SEX MO | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH unknown | 9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 24 hours) About 62 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Charles, Miss | 12. CITIZEN OF WHAT COUNTRY? | |

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|-----------------------------------|---------------------------------------|---|
| 13a. FATHER'S NAME Wm Thompson | 13b. MOTHER'S MARDEN NAME Mikewona | 14. NAME OF HUSBAND OR WIFE Ida 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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Ida Thompson | ADDRESS 730 So 6th 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 |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, Right Upper lobe</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) H910 X |
| 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? |

22. I hereby certify that I attended the deceased from 3/24/50 10am to 3/25/50 5:10am, that I last saw the deceased alive on 3/25/50, 1950, and that death occurred at 5:10am m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) F. J. Catanzaro M.D. | 23b. ADDRESS 1515 Lafayette Ave. | 23c. DATE SIGNED 3/25/50 |
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|---|----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-29-50 | 24c. NAME OF CEMETERY OR CREMATORY National | 24d. LOCATION (City, town, or county) (State) St. Louis MO |
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| DATE REC'D BY LOCAL REG. MAR 27 1950 | REGISTRAR'S SIGNATURE J. B. Pasater | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home | ADDRESS 2301 Lafayette |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *K R Cooper*

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.