

FILED MAR 23 1950

## STANDARD CERTIFICATE OF DEATH

11180

State File No. ....

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 2271

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2271	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MASSOURI			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 11-1916 GOODE AVE			
3. NAME OF DECEASED (Type or Print) Newton		a. (First)		b. (Middle)		c. (Last) Thompson	
4. DATE OF DEATH (Month) (Day) (Year) March 6 1950		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	
8. DATE OF BIRTH MAY 4, 1867		9. AGE (In years last birthday) 82 yrs		10. MONTHS 10		11. DAYS 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.H.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TARZELL, VA.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME DAVE THOMPSON		13b. MOTHER'S MAIDEN NAME ELIZABETH HICKMAN		14. NAME OF HUSBAND OR WIFE SARAH THOMPSON 1916 GOODE			
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 ADDRESS. S.J. BOYD 1916 GOODE			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Pyelonephritis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Undetermined				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 332X			
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?			
22. I hereby certify that I attended the deceased from 3-4-1950, to 3-6-1950, that I last saw the deceased alive on 3-6-1950, and that death occurred at 6 p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Hedrick, D. O.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-10-50		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO	
DATE REC'D BY LOCAL REG. MAR 9 1950		REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. F. WALTON 2707 STOODARD ST			

(Licensed Embalmer's Statement on Reverse Side)

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

1937

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 *Arthur L. Hilliard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4221*

P.O. Address *4049 St Ferdinand*

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.