

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19556
Registrar's No. 302

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 15 MONTHS		d. STREET ADDRESS (If rural, give location) 133 M. ARTUR - SOUTH KINLOCK	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL #1			

3. NAME OF DECEASED (Type or Print)	a. (First) LEMUEL	b. (Middle) -	c. (Last) THOMPSON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH Nov 24, 1884	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR 6 Days	IF UNDER 1 MIN. 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY - D.K.	11. BIRTHPLACE (State or foreign country) PINE BLUFF, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BURWIN THOMPSON	13b. MOTHER'S MAIDEN NAME LENORA ?	14. NAME OF HUSBAND OR WIFE AGNES 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) UNKNOWN	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS, FULTON, MO.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH SUDDEN DEATH 592 X 13
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		
	DUE TO (c) CHRONIC NEPHRITIS AORTITIS, SYPHILITICA		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS LUEAL MENINGO ENCEPHALITIS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **SUDDEN DEATH**, 19 **50**, that I last saw the deceased alive on **JUNE 12**, 19 **50**, and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS STATE HOSP. #1, FULTON, MO	23c. DATE SIGNED JUNE 12, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15-1950	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County
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DATE REC'D BY LOCAL REG. June 13-1950	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Bond Bros. St. Louis Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0142

JUN 7 1950

----- District File Number -----

District Health Officer No. 9,

RECEIVED JUN 19 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ed. Flannery

Signed.....
Student Embalmer

Licensed Embalmer No. 8425

P. O. Address 452 1/2 Park

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.