

FILED AUG 14 1950
#113641

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25342
State File No. 6698
Registrar's No.

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6698	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
c. LENGTH OF STAY (in this place) 1 week				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 2000 South Ninth Street			
3. NAME OF DECEASED (Type or Print) ELLEN		a. (First)		b. (Middle)		c. (Last) THOMSON	
4. DATE OF DEATH (Month) (Day) (Year) August 4th, 1950		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D	
8. DATE OF BIRTH 4-16-1884		9. AGE (In years last birthday) 66		# UNDER 1 YEAR 3		# UNDER 1 HR. Hours Min. 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George Woods		13b. MOTHER'S MAIDEN NAME Blanche Montgomery		14. NAME OF HUSBAND OR WIFE Oliver			
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 AND ADDRESS Gilia W. Washington Paul M. Thomson Kirkwood, Missouri			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro-vascular accident - hemorrhage?</i> 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.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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? 33HX			
22. I hereby certify that I attended the deceased from 7/29/50, 19, to 8/4/50, 19, that I last saw the deceased alive on 8/4/50, 19, and that death occurred at 10:20 AM, from the causes and on the date stated above.							
23a. SIGNATURE Ray B. Thod M. D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-50		24c. NAME OF CEMETERY OR CREMATORY Bloodland Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 7 1950		REGISTRAR'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette Ave			

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.....

James R. Chapman

Licensed Embalmer No. *4550*

P. O. Address *St. Louis, Mo.*

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.