No. 300
10.48

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

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28737

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6946

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 17
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMOUS-BARR - 6th & Olive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS. 2179
d. STREET ADDRESS (If rural, give location): 4206 a CASTLEMAN AV.

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle): KATHERINE
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): AUG - 12 - 50

5. SEX: FE.
6. COLOR OR RACE: W.
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): M.
8. DATE OF BIRTH: JAN-29-1894.
9. AGE (In years last birthday): 56 YRS. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES LADY
10b. KIND OF BUSINESS OR INDUSTRY: MILLINER R + BARR
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HERMAN WALZ
13b. MOTHER'S MAIDEN NAME: EMMA HOLLENBERG.
14. NAME OF ~~HUSBAND OR~~ WIFE: GEORGE L. Thompson.

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: George L. Thompson
ADDRESS: 4206 a Castleman

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
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 ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? #201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 3:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred J. Perry Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8/14/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: AUG-17-50
24c. NAME OF CEMETERY ~~OR CREMATORY~~: FEEFEE Cemetery
24d. LOCATION (City, town, or county): St Louis (State): MO.

DATE REC'D BY LOCAL REG.: AUG 15 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schnur
ADDRESS: 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

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 Karl M. Lizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St. Louis M

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.