

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31950  
State File No. 31950  
Registrar's No. 8076

BIRTH NO. 54267-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 WKS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>312 Weiss ave.</b>			

3. NAME OF DECEASED (Type or Print), a. (First) <b>Linda</b> b. (Middle) <b>Sue</b> c. (Last) <b>Thompson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>August 18, 1950</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. <b>0 1 5</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>nil</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Leroy Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Lorraine Bailey</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leroy Thompson 312 Weiss ave. Lemay, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis left auricle</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	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.		

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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>753.1</b>	

22. I hereby certify that I attended the deceased from aug 18, 1950 to Sept 23, 1950, that I last saw the deceased alive on Sept 23, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>George A. O'Sullivan, M.D.</b>		(Degree or title)		23b. ADDRESS <b>421 W. Schumert St</b>		23c. DATE SIGNED <b>9/23/50</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Sept. 25, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7801 Genesta St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 25 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. Holmeister U.&amp;L. Co.</b>		ADDRESS <b>7814 S. Broadway</b>	

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

Dr. S.A. Kullman  
DE 12/12 87  
3651 1/2 St. Pro 2022

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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

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.