

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>24 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Kansas Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u>	b. (Middle) <u>Thorpe</u>	c. (Last) <u>Thorpe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>June 6, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Macon, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Dismukes</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Owen Moore</u>	ADDRESS <u>1229 Kansas</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive And Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Undetermined</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u>		<u>Undet.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? <u>BS 2-X</u>

22. I hereby certify that I attended the deceased from 12-5, 1950, to 12-7, 1950, that I last saw the deceased alive on 12-7, 1950, and that death occurred at 1:13a m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Thompson</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>12-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>DEC 9 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Fessler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. York</u>	ADDRESS <u>3847 Page</u>
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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

*C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

**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.