

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6721

318

1002 Registrar's No. 1080

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		1002					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2257					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				STREET ADDRESS # 8 North 9th St.				0			
3. NAME OF DECEASED (Type or Print) Joseph Thompson			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)		2		- 2 - 51	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH		9. AGE (In years last birthday) 70		# UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipyard worker		10b. KIND OF BUSINESS OR INDUSTRY Ship Bldg.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Joseph M. Thompson			13b. MOTHER'S MAIDEN NAME Norah Gaines			14. NAME OF HUSBAND OR WIFE Nil --					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE AND ADDRESS Edward Thompson, St. James, Mo.							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate Gland with bony metastases						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) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O.A.S.H.D. Pulmonary tuberculosis									
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177K							
22. I hereby certify that I attended the deceased from 1/26, 1951, to 2/2, 1951, that I last saw the deceased alive on 2/2, 1951, and that death occurred at 7:58 a.m., from the causes and on the date stated above.											
23a. SIGNATURE Robert H. Wagner, M.D.				23b. ADDRESS 515 Lafayette St.				23c. DATE SIGNED 2/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-3-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) St. James, Mo.		(State)			
DATE REC'D BY LOCAL REG. FEB 3 1951		REGISTRAR'S SIGNATURE J. H. Snodgrass				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed: G. W. Wilkinson

Licensed Embalmer No. 3575

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.