S. No. 300
v. 10.48

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10714 2333

BIRTH NO. 19319-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconness Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granite City
d. STREET ADDRESS (If rural, give location) RR 1 Box 385

3. NAME OF DECEASED (Type or Print)
a. (First) Bruce
b. (Middle) William
c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year) March 11 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH March 6, 1951
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY ----- ------
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Malcolm Thompson
13b. MOTHER'S MAIDEN NAME Charlotte Sager
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Malcolm Thompson ADDRESS RR 1 Box 385 Granite City, Ill.

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) Congenital Heart Disease

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

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? 7544

22. *I hereby certify that I attended the deceased from* 3-6, 1951, *to* 3-11, 1951, *that I last saw the deceased alive on* 3-8, 1951, *and that death occurred at* 6 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. J. LaDriere, M.D.
23b. ADDRESS 35 N. Central Ave - Clayton, Mo.
23c. DATE SIGNED 3-12-51

24a. ~~[illegible]~~ REMOVAL (Specify)
24b. DATE March 11, 51
24c. NAME OF CEMETERY OR CREMATORY St. Johns
24d. LOCATION (City, town, or county) (State) Granite City, Illinois

DATE REC'D BY LOCAL REG. MAR 13 1951
REGISTRAR'S SIGNATURE J. B. Lavater
25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer ADDRESS Granite City Ill

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles C Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Ill

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.