

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19069

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2404

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
c. LENGTH OF STAY (in this place) 67 yrs		d. STREET ADDRESS (If rural, give location) 9933 Gravois 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9933 Gravois			

3. NAME OF DECEASED (Type or Print) a. (First) Malvina b. (Middle) _____ c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1951		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 19, 1879		9. AGE (In years, last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St Louis County, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Joseph Berry			13b. MOTHER'S MAIDEN NAME Mary Warmbrodt			14. NAME OF HUSBAND OR WIFE Edgar Thompson		
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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 ADDRESS Ethel Little 9933 Gravois			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic endo carditis ANTECEDENT CAUSES DUE TO (b) Chronic nephritis DUE TO (c) Chronic Bronchitis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 years 8 years 10 years	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 502.1				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from May 2, 1939, to June 10, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Kelley M.D.		23b. ADDRESS 9915 Gravois		23c. DATE SIGNED 6/11/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/13/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
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DATE REC'D BY LOCAL REG. 6-11-51		REGISTRAR'S SIGNATURE Hubert P. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2000

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 *W. J. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.