

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21086**  
Registrar's No. **118**

FILED JUN 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

23  
3

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b> <b>0923</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2100 block North Fifth.</b>		d. STREET ADDRESS (If rural, give location) <b>209 Clark Street</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Floyd</b> c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 18 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Feb 4 1921</b>
9. AGE (In years last birthday) <b>30</b>		10. IF UNDER 14 HRS. Hours Min. <b>4 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transfer Co</b>	
11. BIRTHPLACE (State or foreign country) <b>Warren County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John A. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Polston</b>	
14. NAME OF HUSBAND OR WIFE <b>Goldie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 2</b>		16. SOCIAL SECURITY NO. <b>495-12-9756</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bessie Thompson-St. Charles, Mo.</b>		ADDRESS	
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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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) <i>Broncho pneumonia</i> DUE TO (c) <i>Acute Alcoholism</i>			
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 <b>3220</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>hall autopsy June 18, 1951</i> , 19____, <del>at the residence of</del> <i>at 5:15 A.M.</i> , and that death occurred <i>at 5:15 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Marie Murching</i> (Degree or title) <b>3</b>		23b. ADDRESS <i>Corona Westville, Mo.</i>	
23c. DATE SIGNED <b>6-18-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 21, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 19/51</b>		REGISTRAR'S SIGNATURE <i>Hania Hamilton</i> <b>284</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Dallmeyer + Sons Co</i>		ADDRESS <b>800 N. 2nd St. Charles, Mo.</b>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUN 23 1951

RECEIVED

AUG 29 1951

JUN 29 1951

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.