

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25397
Registrar's No. 6206

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY OR TOWN St. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. LOUIS		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			e. STREET ADDRESS (If rural, give location) 3015 N TAYLOR AVE		
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) July 10 1951		
5. SEX F 3	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH Nov. 26 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Holly SPRING MISS.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME DAN THOMPSON		13b. MOTHER'S MAIDEN NAME FRANCIS SANDERS		14. NAME OF HUSBAND OR WIFE JAMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie Stecke 3015 TAYLOR			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast, Far Advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. HOW DID INJURY OCCUR? 170X	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from 4-24 th , 1951, to 7-10 th , 1951, that I last saw the deceased alive on 7-10-1951, and that death occurred at 6 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Frank Woodsen (Degree or title) M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 7-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-14-51	24c. NAME OF CEMETERY OR CREMATORY OCEOLA	24d. LOCATION (City, town, or county) (State) ARK		
DATE REC'D BY LOCAL REG. JUL 11 1951	REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE A. F. Walton		ADDRESS 2707 S Fordard

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Arthur L. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No 4221

P. O. Address 4740^a - Cupples

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.