

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35684

FILED OCT 23 1951

State File No. 8967

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8967

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) 2109	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3325 HUMPHREY ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) I	c. (Last) THOMPSON	4. DATE OF DEATH (Month) (Day) (Year)	OCT 9 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH NOV 16 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 10 Days 23	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) OFFICE MANAGER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) BERRIE ONTARIO-CANADA	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME JOHN THOMPSON	13b. MOTHER'S MAIDEN NAME MARY Mc CANN	14. NAME OF HUSBAND OR WIFE MARTHA THOMPSON (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 327-01-7377	17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Lembek	ADDRESS 3325 Humphrey
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		ANTECEDENT CAUSES		2 days
DUE TO (b) Hypertension.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3 yrs.
DUE TO (c) Arterial Sclerosis		II. OTHER SIGNIFICANT CONDITIONS		3 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 331X
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22. I hereby certify that I attended the deceased from Sept. 1949, to Oct 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph Thompson M.D.	23b. ADDRESS 3606 Travis	23c. DATE SIGNED 10-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 12-1951	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION-CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. OCT 11 1951	REGISTRAR'S SIGNATURE J. E. Smith W 40	25. FUNERAL DIRECTOR'S SIGNATURE Wm Robert L. & G. 1905 S. Grand	ADDRESS
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(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 John Ketter

Licensed Embalmer No. 2880

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.