

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11157

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri..

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri.. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL, and give town or township) Richmond Heights 17,

c. LENGTH OF STAY (in this place) _____
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 17, 4505

d. FULL NAME OF HOSPITAL OR INSTITUTION #92 Lake Forest..

d. STREET ADDRESS (If rural, give location) #92 Lake Forest.

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) WILLIAM c. (Last) THOMPSON.

4. DATE OF DEATH (Month) (Day) (Year)
Feb'y 28, 1952.

5. SEX Male. 0

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.

8. DATE OF BIRTH Oct 26, 1867.

9. AGE (In years last birthday) 84. IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired .. Steel Mill Operator.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) England.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gershom Thompson.

13b. MOTHER'S MAIDEN NAME Polly Williams.

14. NAME OF HUSBAND OR WIFE Fannie G. Thompson.

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. no.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. J. W. Thompson, 92 Lake Forest.

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) Cardiac decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) Arteriosclerotic heart disease
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) chronic bronchitis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days
10 yrs.
20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Feb 19, 1952 to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 7:09 a.m. from the causes and on the date stated above.

23a. SIGNATURE Robert M. Louch (Degree or title) M.D.

23b. ADDRESS 4952 Maryland Ave.

23c. DATE SIGNED 29 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.

24b. DATE Mch 1, 1952.

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory..

24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.

DATE REC'D BY LOCAL REG. 2-29-52

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Bly'd.

(Licensed Embalmer's Statement on Reverse Side)

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

FO: 8844.
Hrs: 9 - 11 a.m.

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 Melvin J. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4057

P. O. Address St. Louis, 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.