

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

14845

State File No. ....

FILED MAY 1 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3431**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b> <b>2219</b>	
c. LENGTH OF STAY (in this place) <b>30 days</b>		d. STREET ADDRESS (If rural, give location) <b>1422 N. Jefferson Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Keith</b> b. (Middle) c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 9, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>April 13, 1951</b>
9. AGE (In years last birthday) <b>11</b> Months <b>26</b> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Saint Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Doris Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earnestine Williams 1422 N. Jefferson</b>	

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, asthenia, 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) <b>Atelectasis of lungs, E. cher</b>		
	ANTECEDENT CAUSES <b>Acute rheuma; Lepo-sarcoma;</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>while undergoing operation for removal of tumor of bladder</b> DUE TO (b) <b>at City Hosp #2 and Apr 9 1952 about 120 pm</b> 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		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? <b>181x</b>	

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1201 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor, Crown</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4.10.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/16/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dakota Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Wellston Missouri</b>		24e. DATE REC'D BY LOCAL REG. <b>APR 11 1952</b>		24f. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1221 N. Grand</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Laurence Adams*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4155*

P. O. Address *1221 N Grand*

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.