

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18625

State File No.

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4058**

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital		d. STREET ADDRESS (If rural, give location) 5351 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 4 30 52		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 8-28-1862			9. AGE (In years Months Days) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerical work
11. BIRTHPLACE (State or foreign country) Fredericksburg, Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Isaac N. Thompson		13b. MOTHER'S MAIDEN NAME Caroline Johnston		14. NAME OF HUSBAND OR WIFE Laura C. Mayhurn, deceased	
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. 498-26-2534		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Masonic Home of Missouri, 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Genic Carcinoma Left Lung		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162-X	

22. I hereby certify that I attended the deceased from **5-15-** , **19 51**, to **4-30-** , **1952**, that I last saw the deceased alive on **4-29-** , **19 52**, and that death occurred at **4-30Am.**, from the causes and on the date stated above.

23a. SIGNATURE Alexander & Son (Name or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 4-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE May 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Son 6175 Delmar			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **APR 30 1952** **J. Carl Smith MD** (Licensed Embalmer's Statement on Reverse Side)

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 Gas E McCallahan

Licensed Embalmer No. 2460

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.