

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18626**
3912

FILED MAY 19 1952

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

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 2119						
d. FULL NAME OF HOSPITAL OR INSTITUTION 2505 COLEMAN ST				d. STREET ADDRESS (If rural, give location) 11 2505 COLEMAN ST.						
3. NAME OF DECEASED (Type or Print) EDWARD N. THOMPSON			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4-24-52				
5. SEX 0	6. COLOR OR RACE MALE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-31-1871		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR: Months	IF UNDER 1 YEAR: Days	IF UNDER 1 MRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer			10b. KIND OF BUSINESS OR INDUSTRY CHAIR			11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME N. M. THOMPSON			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE AGNES 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Thompson 2505 Colman					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age								
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
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. 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? 33HX						
22. I hereby certify that I attended the deceased from 4-24-1952 to 4-24-1952 , that I last saw the deceased alive on 4-24-1952 , and that death occurred at 6:30 pm. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Dr. Paul H. Chapman				23b. ADDRESS 3518 DODGE			23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-29-52		24c. NAME OF CEMETERY OR CREMATORY Bethany Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO				
DATE REC'D BY LOCAL REG. APR 25 1952		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alton Lillo 2707 N Grand					

(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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Gustav W. Dittler*

Licensed Embalmer No. *4329*

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.