

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

301117

State File No. _____

FILED SEP 3- 1952
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7872

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>2279</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> 0 township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		d. STREET ADDRESS <u>2702 Franklin Avenue</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Millie Mae</u>	b. (Middle)	c. (Last) <u>Thompson</u>	(Month)	(Day)	(Year) <u>August 17, 1952</u>

5. SEX <u>3 Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Sept. 25, 1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>12</u>	IF UNDER 60 MIN. Hours <u>12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Helena, Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Charles Mc Kinney</u>	13b. MOTHER'S MAIDEN NAME <u>Sealy ?</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lilly Watson 771 Bayard Ave.</u>	ADDRESS
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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) <u>Gastro-Intestinal Malignancy (probably lower bowel)</u>		<u>Undetermined</u>
	ANTECEDENT CAUSES <u>lower bowel</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Secondary Anemia</u> Conditions contributing to the death but not related to the disease or condition causing death.			<u>Undetermined</u>

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? <u>153X</u>
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22. I hereby certify that I attended the deceased from Augst 5, 19 52, to Aug. 17, 19 52, that I last saw the deceased alive on AUG. 17, 19 52, and that death occurred at 12:32 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Edua E. Brooks</u>	(Degree or title) <u>M.D.O</u>	23b. ADDRESS <u>2601 N. Whittier Street</u>	23c. DATE SIGNED <u>August 18, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Motor 4</u>	24b. DATE <u>8/22/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 19 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home</u>	ADDRESS <u>3100 Easton Ave.</u>
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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 Arthur L. Helliard

Signed
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.