

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40796**  
 Registrar's No. **10281**

FILED DEC 2 1952  
 BIRTH NO. **81723**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ill</b> b. COUNTY <b>St. Clair</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-23-52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10-11-52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>12</b> # UNDER 1 YEAR Months <b>12</b> # UNDER 2 HRS. Days Hours Min.
13a. FATHER'S NAME <b>Sylvester Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Allean Jenkins</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT'S SIGNATURE OR NAME <b>Sylvester Thompson</b>		ADDRESS <b>as above</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <b>Prematurity</b> DUE TO (c)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 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? <b>7635</b>	
22. I hereby certify that I attended the deceased from <b>10-11-52</b> , 19 <b>52</b> , to <b>10-23</b> , 19 <b>52</b> that I last saw the deceased alive on <b>10-22-52</b> , 19 <b>52</b> , and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. L. Johnson</b>		23b. ADDRESS <b>1536 Pappin St. Louis Mo</b>	23c. DATE SIGNED <b>10-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 7 1952</b>	REGISTRAR'S SIGNATURE <b>Chas. Smith MO</b>	25. BUREAU OF RECORDS SIGNATURE <b>4104 Manchester Ave.</b>	

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.