No. 300
10-48

FILED DEC 24 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43872

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11038

389
0

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Childrens Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE S. Dakota
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sturgis 8400
d. STREET ADDRESS (If rural, give location) 1

**3. NAME OF DECEASED** (Type or Print) a. (First) Sharon b. (Middle) Kay c. (Last) Thompson

**4. DATE OF DEATH** (Month) 11 (Day) 29 (Year) 52

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) 0
**8. DATE OF BIRTH** 11-12-41
**9. AGE** (In years last birthday) 11 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) None
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Little Rock - Ark.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Thompson Alden Frederick
**13b. MOTHER'S MAIDEN NAME** Marion Snyder
**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** R. A. Voorman · 500 S. Kings Hwy
**ADDRESS**

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd and 3rd Degree Burns of Body suffered Sept 28 1952 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) when clothing caught fire
DUE TO (c) in home at Sturgis South Dakota

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** Accident 840
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
**21c. (CITY, TOWN, OR TOWNSHIP)** Sturgis (COUNTY) So Dakota (STATE)
**21d. TIME OF INJURY** (Month) Sept (Day) 28 (Year) 52 (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** E9160

22. *I hereby certify that I attended the deceased from* 10-26, 1952, *to* 11-29, 1952, *that I last saw the deceased alive on* 11-29, 1952, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.* 16

**23a. SIGNATURE** Patrick E. Taylor Coroner 3 (Degree or title)
**23b. ADDRESS** 1390 Clark
**23c. DATE SIGNED** 12.1.52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) 1
**24b. DATE** DEC 2-52
**24c. NAME OF CEMETERY OR CREMATORY** Memorial Park
**24d. LOCATION** (City, town, or county) St Louis Co. (State) Mo.

**DATE REC'D BY LOCAL REG.** DEC 1 1952
**REGISTRAR'S SIGNATURE** J Carl Smith MD MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** [illegible]
**ADDRESS** 1225 Union

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Fred J. Farmer

Licensed Embalmer No. 4788

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.**