

STANDARD CERTIFICATE OF DEATH

State File No. **44066**

DEC 20, 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3108**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights c. LENGTH OF STAY (in this place) 6-wks.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199 d. STREET ADDRESS (If rural, give location) 4536 Laclede Ave. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED a. (First) Emily b. (Middle) Goree c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1952		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 27, 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Cluff Goree	13b. MOTHER'S MAIDEN NAME Nancy Unknown	14. NAME OF HUSBAND OR WIFE Mr. Robert I. Thompson
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Robert I. Thompson, 4536 Laclede Ave.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Cancer of the Breast DUE TO (c) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	

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?
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22. I hereby certify that I attended the deceased from July 13, 1952, to 12/13, 1952, that I last saw the deceased alive on 12/13, 1952, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Malcolm B. Bonnell M.D.	23b. ADDRESS 6326 Clayton Road	23c. DATE SIGNED 12/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Columbus, Mississippi
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DATE REC'D BY LOCAL REG. 12-4-52	REGISTRAR'S SIGNATURE Herbert R. Domb	P.T. Arthur J. Donnelly	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 8840 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 Francis Williamson

Licensed Embalmer No. 3565

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.