

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44180

State File No. ....

FILED JAN 10 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3366

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo.</u>	c. LENGTH OF STAY (in this place) <u>3 Yr. 4 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri 2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>119a South Channing</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle)	c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 52(?)</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>color</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-27-96(?)</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>56 11 3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza McCorkle</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Thompson</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>none</u>	16. SOCIAL SECURITY NO. <u>lost</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Koch Hospital</u>
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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 <u>5 Yrs. (?)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>002X</u>	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) m.	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 8-16-49, 1949 to 12-30-, 1952, that I last saw the deceased alive on 12-30-52, and that death occurred at 11:50 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Axel R. Johnson, M.D.</u>	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>12-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LeMay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2 Jan 53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Banks MD</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>RR Kooser 1221 N. Grand Blvd.</u>
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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 \_\_\_\_\_

*Heuston Swan*

Licensed Embalmer No. 4580

P. O. Address 1221<sup>n</sup> Grand

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.