

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2962

0139

FILED JAN 28 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis, Mo.c. LENGTH OF
STAY (in this place)
1 weekd. FULL NAME OF
HOSPITAL OR
INSTITUTION Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Illinois

b. COUNTY

St. Clair

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN E. St. Louis 8120d. STREET
ADDRESS(If rural, give location)
3204 Waverly Ave.3. NAME OF
DECEASED
(Type or Print)

a. (First)

Earl

b. (Middle)

Johnson

c. (Last)

Compton

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

1

5

53

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 10, 1890

9. AGE (in years
last birthday)

62

10. IF UNDER 1 YEAR
Months

6

11. IF UNDER 1 YEAR
Days

2

12. IF UNDER 1 YEAR
Hours

0

13. IF UNDER 1 YEAR
Mins.

0

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Locomotive Engr.10b. KIND OF BUSINESS OR IN-
DUSTRY
Terminal R.R.11. BIRTHPLACE (City and State or Foreign Country)
Nashville, Tennessee12. CITIZEN OF WHAT
COUNTRY?
USA

13a. FATHER'S NAME

W.L. Compton

13b. MOTHER'S MAIDEN NAME

Frances Ford

14. NAME OF HUSBAND OR WIFE

Inez Egan Compton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no no16. SOCIAL SECURITY
NO.17. INFORMANT'S SIGNATURE OR NAME
Inez Egan Compton 3204 Waverly Ave.
E. St. Louis, Ill.

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

Cerebral Vascular accident

ANTECEDENT CAUSES

Morbidity 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.

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
24 hours

about 9 days

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒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)

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1952 to 1/5, 1953, that I last saw the deceased
alive on 1/5, 1953 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Benjamin N. Clark, M.D.

23b. ADDRESS

Mo. Pacific Hosp., St. Louis

23c. DATE SIGNED

1/6/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

1-8-53

24c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24d. LOCATION (City, town, or county)

E. St. Louis, Illinois

(State)

DATE REC'D BY LOCAL
JAN 6 1953

REGISTRAR'S SIGNATURE

Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

C.G. Kurrus, Jr. E. St. Louis, Illinois.

ADDRESS

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

(Licensed Embalmer's Statement on Reverse Side)

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

not embalmed
Charles G. Pursus

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.