S. No. 300
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FILED AUG 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29730

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6045 Registrar's No. 285

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington Rural St. Francois
c. LENGTH OF STAY (in this place) 21; 11 Mos; 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City, 4346 1
d. STREET ADDRESS (If rural, give location) 7215 Balsam

3. NAME OF DECEASED (Type or Print)
a. (First) JANE
b. (Middle) EDWARDINA
c. (Last) THOMSON

4. DATE OF DEATH (Month) (Day) (Year) August 17, 1953

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0

8. DATE OF BIRTH Nov. 12, 1866

9. AGE (In years last birthday) 86 | If under 1 year: Months 9 Days 5 | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Washington, D. C. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James McLain Thomson

13b. MOTHER'S MAIDEN NAME Jessie Sly

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo. **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) Coronary thrombosis - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH 48 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - - Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

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) m.

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* August 23, 1950, *to* August 17, 1953, *that I last saw the deceased alive on* August 17, 1953, *and that death occurred at* 8:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan MD

23b. ADDRESS State Hospital No. 4, Farmington, Mo.

23c. DATE SIGNED 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 20, 1953

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. Aug 17, 1953

REGISTRAR'S SIGNATURE Esther Rudloff 289-C

25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan, 4700 Washington St. Louis, Mo. **ADDRESS**

(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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Croton

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.