

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 2471

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 918

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 118 Boonslick	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Agnes	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 11, 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 6	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John B. LaBarge	13b. MOTHER'S MAIDEN NAME Mary Primo	14. NAME OF HUSBAND OR WIFE John L. Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Grau, St. Chas., Mo.	ADDRESS
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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 2 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis / Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Glaucoma DUE TO (c) 5 yrs -		
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: 4200	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 9-14-56, to 1-17-58, that I last saw the deceased alive on 1-17-58, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED January 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo Cmty	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. Jan 20 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. Charles, Mo.
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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

*Frank R. Amelang*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

**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.