No. 300
10.46

3

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10479

State File No. 2268

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute To City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2069
c. CITY OR TOWN St.Louis, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 4723 Easton Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) LLOYD
b. (Middle) WM.
c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1954

5. SEX Male 0

6. COLOR OR RACE White

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

8. DATE OF BIRTH February 28, 1917

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Missouri 0

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

13a. FATHER'S NAME Clifford Thompson

13b. MOTHER'S MAIDEN NAME Grace Fitzwater

14. NAME OF HUSBAND OR WIFE Mildred

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mildred Thompson, 4723 Easton Ave, St.Louis Mo.

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) Bilateral Hemothorax; Multiple Fractures; suffered when rope supporting scaffold on which deceased was working broke causing deceased to fall to ground below, about 12:18 pm March 10, 1954, at Building at 2614 Thomas Street

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Building

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 10 54 12:18 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E9026

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:28 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Patrick J. Taylor (Degree or title): Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 3.11.54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-13-1954

24c. NAME OF CEMETERY OR CREMATORY: Greysummit Cemetery

24d. LOCATION (City, town, or county) (State): Grey Summit, Missouri

DATE REC'D BY LOCAL REG. MAR 11 1954

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin Funeral Home, Inc. 2301 Lafayette, St.Louis 4, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 33

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.