

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14481

State File No. ....

FILED APR 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>590</u>	Registrar's No. <u>880</u>
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY OR TOWN <u>PINE LAWN</u>		c. CITY OR TOWN <u>PINE LAWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>6110 1/2 Vetter Place</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6110 Vetter Pl.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOW</u>	8. DATE OF BIRTH <u>2-19-1891</u>	9. AGE: (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				
13a. FATHER'S NAME <u>Aug Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Johannaber W.M.A.</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm K Thompson 6110 1/2 Vetter</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>1/2 hr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>Unknown</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u>		
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>443X</u>
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?
22. I hereby certify that I attended the deceased from <u>1-15</u> <sup>1954</sup> to <u>4-11</u> , 1954, that I last saw the deceased alive on <u>3-10</u> , 1954, and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Brian T. Phoney, M.D.</u>		23b. ADDRESS <u>3734 Jennings Rd, St. Louis, Mo</u>		23c. DATE SIGNED <u>4-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Krou L. H. Co 2707 N. Grand</u>		
DATE REC'D BY LOCAL REG. <u>4/14/54</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Somber, M.D.</u>		

(Licensed Emballer, Statement on Reverse Side)

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

No. 300  
10.48

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 46

P. O. Address.....  
April 11-54

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.