

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29273

State File No. _____

Registrar's No. 7387

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 7387						
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO					b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis Mo.			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis					2069				
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer Phillips					f. STREET ADDRESS (If rural, give location) 5052 Northland					6				
3. NAME OF DECEASED a. (First) James			b. (Middle) C.		g. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 8-4-54						
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-9-1895		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance			10b. KIND OF BUSINESS OR INDUSTRY V.M.H.A.		11. BIRTHPLACE (City and State or Foreign Country) ARK			12. CITIZEN OF WHAT COUNTRY? 1						
13a. FATHER'S NAME James			13b. MOTHER'S MAIDEN NAME Lydia			14. NAME OF HUSBAND OR WIFE Maggie Thompson								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes One			16. SOCIAL SECURITY NO. 493-10-7626		17. INFORMANT'S SIGNATURE OR NAME Maggie Thompson							ADDRESS 507 1/2		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease					INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES Morbid 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.									
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)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 441 X								
22. I hereby certify that I attended the deceased from 5-18, 1954, to 8-4, 1954, that I last saw the deceased alive on 8-4, 1954, and that death occurred at 4:30 P. M., from the causes and on the date stated above.														
23a. SIGNATURE W. A. Youngs					(Degree or title) M.D.			23b. ADDRESS 2337 Market			23c. DATE SIGNED 8-9-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery			24d. LOCATION (City, town, or county) (State) Jefferson Barracks, MO							
DATE REC'D BY LOCAL REG. AUG 10 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE J. McPendon							ADDRESS 4535 Working		

(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

John F Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hamm

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.