

FILED OCT 4 1954

## STANDARD CERTIFICATE OF DEATH

32274  
State File No. 8097

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8097</b>							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place) <b>10 days</b>		c. CITY OR TOWN <b>Richmond Heights</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1116 Collins Ave.</b>									
3. NAME OF DECEASED (Type or Print)			a. (First) <b>BESSIE</b>		b. (Middle) <b>RUTH</b>		c. (Last) <b>THOMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 1, 1954</b>				
5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2-13-1898</b>		9. AGE (In years last birthday) <b>56</b>		if UNDER 1 YEAR Months <b>6</b> Days <b>18</b>		if UNDER 4 wks. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Abraham Wood</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Barrette</b>				14. NAME OF HUSBAND OR WIFE <b>George L. Thompson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George L. Thompson, above</b>				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>								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) <b>adrenal atrophy, post-op.</b>		<b>10 days</b>			
								DUE TO (c) <b>Carcinoma of uterus</b>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Diabetes mellitus</b>		<b>2 yrs.</b>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____				<b>174X</b>			
22. I hereby certify that I attended the deceased from <b>8/15</b> , 19 <b>54</b> , to <b>9/1</b> , 19 <b>54</b> that I last saw the deceased alive on <b>8/31</b> , 19 <b>54</b> , and that death occurred at <b>3:30 P. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Max A. Franklin</b>						(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>634 N. Grand Blvd. St. Louis, Mo.</b>		23c. DATE SIGNED <b>9-2-1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-4-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>							
DATE REC'D BY LOCAL REG. <b>SEP 2 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood, Mo.</b>							

(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.....  
Signature of Student Embalmer

Signed.....  
*J.P. Burgess*

Licensed Embalmer No. 402

P. O. Address *Maplewood*

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.