

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44071**  
Registrar's No. **11448**

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6037a North Pointe Blvd.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) Sophia		a. (First)		b. (Middle)			
c. (Last) Thomson		4. DATE OF DEATH 12 - 15 - 1954		5. SEX Fem /			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8 - 2 - 1865			
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
10b. KIND OF BUSINESS OR INDUSTRY At home		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Schwaneck			
13b. MOTHER'S MAIDEN NAME Theresa Reckert		14. NAME OF HUSBAND OR WIFE Robert Thomson		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 William Thomson, 227 W. Big Bend Bl.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? 4202			
22. I hereby certify that I attended the deceased from <u>Jan 10<sup>3</sup>, to Dec 15, 1954</u> , that I last saw the deceased alive on <u>Dec 14, 1954</u> , and that death occurred at <u>5:45A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H A Zehlemeyer M.D.</u>		23b. ADDRESS <u>4362 Warner Ave</u>		23c. DATE SIGNED <u>12/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/17/54		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.			
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral					
25. ADDRESS 1905 Union Blvd.		DATE REC'D BY LOCAL REG. DEC 16 1954					
REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. ADDRESS 1905 Union Blvd.					

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

Dr. H. A. Uhlmeyer  
4362 Warne Ave.

9-10

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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... *Warren A. Carver* .....

Licensed Embalmer No. *353* .....

P. O. Address .....

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.