

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44316

State File No.

FILED JAN 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 28416

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester, Mo.		c. LENGTH OF STAY (in this place) 5 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. CITY OR TOWN Wellston <u>no</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 1710 Glencourt <u>40010</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) J c. (Last) Hampton			4. DATE OF DEATH (Month) (Day) (Year) Dec 8 54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr 5, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Piedmont Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Jefferson Hampton		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Catherine Hampton		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No Nil.		15. SOCIAL SECURITY NO. Unknown	
16. INFORMANT'S SIGNATURE OR NAME Agnes Leach		17. ADDRESS 1710 Glencourt			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>		DUPLICATE		<u>1 day</u>	
ANTECEDENT CAUSES		DUPLICATE		<u>2 yrs.</u>	
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.			

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?	
22. I hereby certify that I attended the deceased from <u>6-2</u> , 19 <u>54</u> , to <u>12-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>W. H. Schlemmer</u>		23b. ADDRESS <u>Riskwood 22 Mo</u>	
23c. DATE SIGNED <u>12/10/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-9-54</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		Piedmont Mo	

DATE REC'D BY LOCAL REP. <u>12/10/54</u>		REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
				ADDRESS 4700 Washington	

WRITE PLAINLY—USING UNFAADING 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 *Olmo K. Fadus*.....

Licensed Embalmer No. *4079*.....

P. O. Address *St. Louis*.....

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.