

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3181**
Registrar's No. **0079**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	b. COUNTY
c. LENGTH OF STAY (in this place) One Day		c. CITY OR TOWN St. Louis	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 Jewish Hospital		e. STREET ADDRESS (If rural, give location) 5076 Queens Ave.	

3. NAME OF DECEASED (Type or Print) John		a. (First) John	b. (Middle) V.	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) January 2, 1955	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 28, 1894	9. AGE (In years last birthday) Months Days 60	IF UNDER 1 YEAR Hours Minutes 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesmen		10b. KIND OF BUSINESS OR INDUSTRY Asthma Nephren Inc.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Dr. Robert Thompson	13b. MOTHER'S MAIDEN NAME Jennie Nickles	14. NAME OF HUSBAND OR WIFE Roslyn Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If Yes, give year or dates of service) Yes 1st W.W.	16. SOCIAL SECURITY NO. 490-01-3993	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Roslyn C. Thompson, 5076 Queens Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Septal Myocardial Infarct 18 hours		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
DUE TO (c) Hypertensive and arteriosclerotic		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. several yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Heart disease 4200	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 **Nov. 23, 1954**, to **Jan 2, 1955**, that I last saw the deceased alive on **Jan 2, 1955** and that death occurred at **1:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Steiner M.D.	23b. ADDRESS 634 N. Grand Ave.	23c. DATE SIGNED 1-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JAN 5 1955	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.
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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.....
Charles W. Hart

Licensed Embalmer No. *373*

P. O. Address *St. Louis, Mo.*

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.