

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17062**
Registrar's No. **4058**

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

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (in this place) 25 yr		d. STREET ADDRESS (If rural, give location) 21 3338 Lawton blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3338 Lawton blvd		3. NAME OF DECEASED a. (First) Gramma b. (Middle) Thompson c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 4 - 1955		5. SEX F	
6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Apr 1 1894		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ala		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Hopgood		13b. MOTHER'S MAIDEN NAME Eliza	
14. NAME OF HUSBAND OR WIFE Morris Thompson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Hopgood ADDRESS Chicago Ill	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Hypertension 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 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? 4341		22. I hereby certify that I attended the deceased from July 1, 1954 , to May 4, 1955 , that I last saw the deceased alive on May 4, 1955 , and that death occurred at 1-P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter A. Young MD		23b. ADDRESS 2337 Market	
23c. DATE SIGNED 5/6/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Apr 9-55		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. Hughes ADDRESS 2620 Lawton	
DATE REC'D BY LOCAL REG. MAY 7 1955		REGISTRAR'S SIGNATURE Carl Smith MD	

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DEATH CERTIFICATE

DATE OF DEATH (Year) (Month) (Day)

TIME OF DEATH (Hour) (Minute)

PLACE OF DEATH (City) (County) (State)

RESIDENCE OF DECEASED (City) (County) (State)

AGE OF DECEASED (Years) (Months) (Days)

SEX (Male) (Female)

CAUSE OF DEATH (Disease) (Injury) (Poison) (Other)

DIAGNOSIS (Disease) (Injury) (Poison) (Other)

DATE OF BURIAL (Year) (Month) (Day)

PLACE OF BURIAL (City) (County) (State)

NAME OF FUNERAL HOME (City) (County) (State)

NAME OF FUNERAL HOME (City) (County) (State)

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 James A. Carter
 Licensed Embalmer No. 4681
 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 this body is not embalmed, fact should be so stated above.