

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. 35223  
Registrar's No. 9141

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY **St. Louis Missouri**

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 \_\_\_\_\_ c. LENGTH OF STAY (In this place) \_\_\_\_\_

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **D. O. A Homer G. Phillip**

e. STREET ADDRESS (If rural, give location) **25 37 Lewis Pl**

3. NAME OF DECEASED a. (First) **William** b. (Middle) **Thompson** c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) **October 17 1955**

5. SEX **Male** 6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **2/5/ 1901**

9. AGE (In years last birthday) **54** 10. MONTHS **8** 11. DAYS \_\_\_\_\_ 12. HOURS \_\_\_\_\_ 13. MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter**

10b. KIND OF BUSINESS OR INDUSTRY **Wagner Electric**

11. BIRTHPLACE (City and State or Foreign Country) **Oxford Mississippi**

12. CITIZEN OF WHAT COUNTRY? **yes**

13a. FATHER'S NAME **Tom Thompson**

13b. MOTHER'S MAIDEN NAME **Lucy Shield**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Henry Thompson 4052 Delmar 8**

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) **Pulmonary Congestion**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Cardiac Hypertrophy**  
DUE TO (c) **Cirrhosis of Liver**  
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 **581.0**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:52** p.m., from the causes and on the date stated above.

23a. SIGNATURE **Patrick E. Taylor Crowder** (Degree or title) \_\_\_\_\_

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **10.20.55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **10/22/55**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **OCT 20 1955**

REGISTRAR'S SIGNATURE **J. Earl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Herman J. Smith Mortuary 4247 Labadie**

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... *H. Claude Gor...*

Licensed Embalmer No... *34*

P. O. Address... *45-75-6*

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.