FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11536

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2543

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: -
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3858 PARK AVE 21770

3. NAME OF DECEASED (Type or Print)
a. (First): CATHERINE
b. (Middle):
c. (Last): TOMPKINS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 9, 1956.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 20 1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5 Days 19 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE
11. BIRTHPLACE (City and State or Foreign Country): WAVERLY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: ARTHUR CURVIN
13b. MOTHER'S MAIDEN NAME: CATHERINE SKEHAN
14. NAME OF HUSBAND/OR WIFE: JOHN A. THOMPKINS
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.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: X Viola R Echols — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLISM, AORTIC BIFURCATION EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AURICULAR FIBRILLATION, ~~ARTERIOSCLEROTIC HEART DISEASE~~ — 3 days
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF THE RECTUM — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0 H
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) m.
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* 2-26, 1956, *to* 3-9, 1956, *that I last saw the deceased alive on* 3-9, 1956, *and that death occurred at* 7:40 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William Freeman MD
23b. ADDRESS: 1515 LAFAYETTE AVE.
23c. DATE SIGNED: 3-10-56.

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3-12-1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: ST. JOSEPH'S
24d. LOCATION (City, town, or county) (State): ALTON, ILLINOIS

DATE REC'D BY LOCAL REG.: MAR 12 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas J. Burke Jr. — ADDRESS: ALTON, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas J. Burke Jr.

Licensed Embalmer No...

P. O. Address ALTON, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.