

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18764

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

Registrar's No. 4484

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS (If rural, give location) 16 3908 Ray Ave. 21690	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) CLIFTON c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) May 6 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1897
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days Hours Mins.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boner-Steak & Shake Co.		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown Thompson	
13b. MOTHER'S MAIDEN NAME Mary Schwartz		14. NAME OF HUSBAND OR WIFE Virginia Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 492-05-6531	
17. INFORMANT'S SIGNATURE OR NAME Virginia Thompson		ADDRESS 3908 Ray Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hepatoma; Metastasis to both Lungs; aggravated DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2055 Hampton Ave., about 5:00 am, Dec 9 1955, when struck by side of beef 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Restaurant		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 9 55 5:00 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 155 x F		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 _____ m., from the causes and on the date stated above.	
23. SIGNATURE Patrick P. Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.8.56		24. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24b. DATE May 9, 1956		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. MAY 8 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *42*

P. O. Address *4228th Ave*

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.