

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19230

State File No. ....

FILED JUN 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1247

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>St. Ferdinand</u>	c. LENGTH OF STAY (in this place) <u>5 y. 8 mo.</u>	c. CITY OR TOWN <u>St. Ferdinand</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Beau - 11755 Riverview</u>		e. STREET ADDRESS (If rural, give location) <u>11755 Riverview Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Patricia</u> b. (Middle) <u>Thompson</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</u>	
5. SEX <u>F - 1</u>	6. COLOR OR RACE <u>W</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	8. DATE OF BIRTH <u>March 28, 1869</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mathingly</u>	14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Gustande</u> ADDRESS <u>11755 Riverview</u>	
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) <u>Carcinoma of Breast &amp; Metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension C.U. disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serious</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>	
22. I hereby certify that I attended the deceased from <u>Apr 19</u> , 19 <u>51</u> , to <u>5-18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>56</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Enrich</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>832 N. Broadway</u>	23c. DATE SIGNED <u>5-18-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villa Beau</u>	24d. LOCATION (City, town, or county) (State) <u>11755 Riverview, St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>5-21-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funderlund Co. 7420 Michigan</u> ADDRESS	

(Licensed Embalmers' 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 *W. B. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7420 Me*

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.