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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36303
STATE FILE NUMBER

FILED OCT 16 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8549

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MISSOURI PACIFIC — Length of stay in 1b: 21 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: TEXAS b. COUNTY
c. CITY OR TOWN: HOUSTON — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 320 EAST 38th ST. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle Joseph Last THOMPSON
4. DATE OF DEATH: Month 9 Day 14 Year 1956
5. SEX: MALE
6. COLOR OR RACE: Colored
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-30-1895
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITER
10b. KIND OF BUSINESS OR INDUSTRY: DINING CAR
11. BIRTHPLACE (City and state or country): LEONVILLE, LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOE THOMPSON
14. MOTHER'S MAIDEN NAME: UNKNOWN
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.: 703-18-3323
17. INFORMANT: ELIZA THOMPSON, HOUSTON, TEX. Address 320 E 38th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of the Skull;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub dural Hematoma;
DUE TO (c) E800X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 35
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ✓ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Give place of occurrence in Part 20e, Part 20f, Part 21 or Part 22a): Injured while falling off a Missouri Pacific Dining Car in March 1956; striking metal cabinet. Foot fuse and place could not be determined, while working as a waiter
20c. TIME OF INJURY: Hour ? a. m. p. m. Month, Day, Year 3 56
20d. INJURY OCCURRED WHILE AT WORK ✓ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Train
20f. CITY, TOWN, OR LOCATION ? COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph McDonough Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 9/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 9-16-56
23c. NAME OF CEMETERY OR CREMATORY: HOUSTON, TEX.
23d. LOCATION (City, town, or county) (State): HOUSTON TEXAS

24. FUNERAL DIRECTOR: W.J. BAKER + SON ADDRESS: 3201 N. NEWSTEAD
25. DATE RECD. BY LOCAL REG.: SEP 17 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.G.B.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. Claude Gordo

Licensed Embalmer No. 34

P. O. Address 4575 C

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.