Health, Welfare Public Service

RXX 300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, etc. may use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

STATE FILE NUMBER 36306

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9399

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: 3951 Utah St. — Length of stay in Ib: 7 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3951 Utah St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sebern Middle: Last: Thompson

4. DATE OF DEATH: Month Oct. Day 15 Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 13, 1869

9. AGE (In years last birthday): 86 — 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): Retired Boiler Cleaner

10b. KIND OF BUSINESS OR INDUSTRY: Boiler Co.

11. BIRTHPLACE (City and state or country): Irondale, Missouri.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Winnie Wallen

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mary Carpenter, 3951 Utah, St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure
DUE TO (b): Arteriosclerotic Heart disease
DUE TO (c):

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/14, to 10/15 and last saw her/him alive on 10/15
Death occurred at 6:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Berg (Degree or title) M.D. — Dr. Ralph Berg

22b. ADDRESS: 3203 So. Grand, Pr. 3-7857

22c. DATE SIGNED: 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-15-56

23c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery

23d. LOCATION (City, town, or county) (State): Hopewell, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home, Leadwood, Mo.

25. DATE RECD. BY LOCAL REG.: OCT 15 1956

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, ~~[illegible]~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.