

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36515**
Registrar's No. **2506**

No. 300
10.48

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton c. LENGTH OF STAY (In this place) 5 days d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Kinloch 4091-1 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1051 Scott Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Thompson c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1956				
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 4 June 1911	9. AGE (In years) (Months) (Days) 45	10. IF UNDER 1 YEAR Months _____ Days _____	10. IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) Calloway Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walter Beard		13b. MOTHER'S MAIDEN NAME hena Bell		14. NAME OF HUSBAND OR WIFE Eugene Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roberta Perkins 5719 Highland St. Louis		
MEDICAL CERTIFICATION						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH	
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 592x			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>9-29, 1956</u>, to <u>10-3, 1956</u>, that I last saw the deceased alive on <u>10-3, 1956</u>, and that death occurred at <u>7:55 A.M.</u>, from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) G. E. Smith, M.D.			23b. ADDRESS 601 S. Brentwood Clayton, Mo.		23c. DATE SIGNED 10-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct. 8, 1956	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Bekeley Missouri	
DATE REC'D BY LOCAL REG. 10-4-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros Funeral Home 758 hip - Kinloch		

WRITE PLAINLY—USING UNFAADING 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 *Edward A. Flynn*.....
Licensed Embalmer No. *4440*

P. O. Address *Kinloch, Md.*

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.