

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15373**
 Registrar's No. **2939**

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY OR TOWN Breckenridge 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 23 St. Johns Hospital			STREET ADDRESS (If rural, give location) 27 9450 St. Charles Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) F. c. (Last) Thompson Sr.			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1957		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1897	9. AGE (In years last birthday) 59	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) Banker		10b. KIND OF BUSINESS OR INDUSTRY Collection Dept.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Thompson		13b. MOTHER'S MAIDEN NAME Mary Mooney	
14. NAME OF HUSBAND OR WIFE Helen L. 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. 497 03 8192	
17. INFORMANT'S SIGNATURE OR NAME Helen L. Thompson		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac Arrhythmia <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		19. INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Arteriosclerotic Ht. Dis.		20. AUTOPSY? 1 yr. YES <input checked="" type="checkbox"/> NO <input 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) m.		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 1-20, 1957 , to 3-25, 1957 , that I last saw the deceased alive on 3-25, 1957 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Ed F. Kietner			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 3/26/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 28 1957	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. MAR 26 '57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier Mortuary 10123 St. Charles Rd.	

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.....

Sheldon Collins

Licensed Embalmer No. 3382

P. O. Address 1012387th

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.