

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

STATE FILE NUMBER
30090
7878

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Missouri b. COUNTY St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. St. Louis City INSTITUTION Hospital #1 | | c. CITY OR TOWN St. Louis | |
| Length of stay in lb | | 211 STREET ADDRESS 4571 W. Easton (If outside, give location) | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|-------------------------------------|--------------------|--------|----------------------|------------------|---------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First Berry | Middle | Last Thompson | 4. DATE OF DEATH | Month August | Day 21 | Year 1957 |
|-------------------------------------|--------------------|--------|----------------------|------------------|---------------------|---------------|------------------|

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|--|-------------------------------|--|---|--|-----------------|------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 15, 1878 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Newton, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |

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| 13. FATHER'S NAME Joseph Thompson | 14. MOTHER'S MAIDEN NAME Unknown |
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| 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. 493-10-6165 | 17. INFORMANT Leona Walke Address 4571a W Easton St. Louis |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal Failure | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Chronic Pyelonephritis | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 600.0 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 **7-26-57** to **8-21-57** and last saw **him** alive on **8-21-57**
Death occurred at **6:50a** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Donald W. Fishback, MD (Degree or title) | 22b. ADDRESS 1515 Lafayette | 22c. DATE SIGNED |
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|--|--------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8/22/57 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) (State) Berkley, Missouri |
|--|--------------------------|---|--|

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| 24. FUNERAL DIRECTOR J. B. Koonce ADDRESS 1221 N. Grand Blvd. | 25. DATE RECD. BY LOCAL REG. AUG 22 57 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, MD S.P. |
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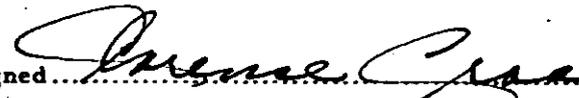
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 47

P. O. Address 1221 N

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.