

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1958

State File No. **3692**
Registrar's No. **589**

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

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **ILLINOIS** b. COUNTY **MADISON**

b. CITY (If outside corporate limits, write RURAL and give township) **ST. Louis**
c. LENGTH OF STAY (In this place)

c. CITY OR TOWN **GGRANITE CITY**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **DE PAUL**

32 STREET ADDRESS (If rural, give location) **2316 Delmar Granite City, Ill.**

3. NAME OF DECEASED
a. (First) **LYLE** b. (Middle) **W.** c. (Last) **THOMPSON**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 15 1958

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 4, 1892**

9. AGE (In years last birthday) **65**
if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) **Iron Worker**

10b. KIND OF BUSINESS OR INDUSTRY **Steel**

11. BIRTHPLACE (City and State or Foreign Country) **Iowa**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Thompson**

13b. MOTHER'S MAIDEN NAME **Ennice Duclworth**

14. NAME OF HUSBAND OR WIFE **Ida Thompson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES**
(If yes, give war or dates of service) **WORLD WAR I**

16. SOCIAL SECURITY NO. **342-05-5972**

17. INFORMANT'S SIGNATURE OR NAME **Ida Thompson** ADDRESS **2316 Delmar Granite City, Ill.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Gastro-Intestinal Hemorrhage**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Perforated duodenal Ulcer**
DUE TO (c) **Diabetes Mellitus**

INTERVAL BETWEEN ONSET AND DEATH
1 hour
1 week
10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **541.1**

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November, 1951**, to **January, 1958**, that I last saw the deceased alive on **January 14, 1958**, and that death occurred at **2:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert M. Lannach M.D.**

23b. ADDRESS **4952 Maryland**

23c. DATE SIGNED **17 Jan 1958**

24a. BURIAL, CREMATION, REMOVAL (Specify) **1-1**

24b. DATE **1-15-58**

24c. NAME OF CEMETERY OR CREMATORY **Alton City Cemetery**

24d. LOCATION (City, town, or county) (State) **Alton, Illinois**

DATE REC'D BY LOCAL REG. **JAN 17 58**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

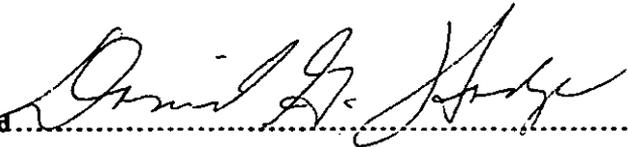
25. LICENSED EMBALMER'S SIGNATURE ADDRESS **David G. Hodge 2118 State St. Gr Granite City, Ill.**

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 .....

Licensed Embalmer No. 227
2118 State St.
P. O. Address Granite City

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.