

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007900
State File No.

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1468

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Employes' Hospital Assn</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>20 North Kingshighway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) A	c. (Last) THOMPSON, Sr.	4. DATE OF DEATH (Month) (Day) (Year) 2 7 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10 / 4 / 1880
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board	10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank A. Thompson	13b. MOTHER'S MAIDEN NAME Kate Edmonstone	14. NAME OF HUSBAND OR WIFE Olive Jacques Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Frank A. Thompson, Jr. 20 N. Kings-

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephron nephrosis (renal failure) 6 days</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatectomy surgical</u> DUE TO (c) <u>arteriosclerosis</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>Jan 30 58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostate Hypertrophy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or out home, farm, factory, street, office, 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 Jan 29, 1958 to Feb 7, 1958, that I last saw the deceased alive on Feb 7, 1958, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Royce Caswell</u>	(Deceased or title)	23b. ADDRESS <u>20 N. Kingshighway</u>	23c. DATE SIGNED <u>Feb 7 58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2 / 10 / 58	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. FEB 8 58	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C. R. Lupton & Sons 7253 DELMAR</u>
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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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis,*

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.