Health, & Welfare Public Service

S. 300
1-57

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007902
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1883

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital #1 — Length of stay in 1b 25	d. STREET ADDRESS (If outside, give location) 1419 So. 7th St. — Reside on Farm Yes [ ] No [X] 2310

3. NAME OF DECEASED (Type or print) First Virgil ~~Lee~~ Middle Ernest Last Thompson		4. DATE OF DEATH Month Day Year 2-14-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH Jan. 29, 1902
9. AGE (In years last birthday) 56	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) Cook	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Thompson	13b. MOTHER'S MAIDEN NAME Viola Jeffries	14. NAME OF HUSBAND OR WIFE Daisy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) Yes (If yes, give war or dates of service) Peacetime	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Ermal Durbin, Toulon, Ill.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Penetrating gastric ulcer with hemorrhage

IMMEDIATE CAUSE (a) Penetrating gastric ulcer with hemorrhage

Chr. pulmonary emphysema & Fibrosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic pulmonary emphysema + fibrosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Corr. by Aff. 6/5/1958 B.S.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 540.1

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2-13-58 - 4:10 A, to 2-14-58 and last saw her/him alive on 2-14-58

Death occurred at 5:09p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. James Soloman M.D.	22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 2-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-16-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Louisiana, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. FEB 17 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed Guy W. Wilkins
Signature of Student Embalmer

Licensed Embalmer No. 3575

P. O. Address [illegible]

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.