

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012401

STATE FILE NUMBER

318

1003

3288

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY INFIRMARY			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 526 3/4 E MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EDDIE THOMPSON				4. DATE OF DEATH Month 3 Day 19 Year 58				
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 3-9-1898		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY NONE		9. AGE (In years last birthday) 60		11. BIRTHPLACE (City and state or country) PINEBLUFF ARK		
13. FATHER'S NAME DUDLEY THOMPSON				12. CITIZEN OF WHAT COUNTRY? U. S. A.				
14. MOTHER'S MAIDEN NAME ADELENE THOMPSON				17. INFORMANT Address TENNIE THOMPSON 3414 BELL				
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. 430-01-0936						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF NECK						INTERVAL BETWEEN ONSET AND DEATH 4 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca. of Stomach						4 months		
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.) 151x						
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. Attended the deceased from 1-7-58 to 3-19-58 and last saw him alive on 3-19-58 Death occurred at 10:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Thomas M. Phillips, M.D.				22b. ADDRESS 916 Arno Taylor		22c. DATE SIGNED 3-20-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-24-58		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO		
24. FUNERAL DIRECTOR PRICE FUNERAL HOME 2829 WASHINGTON AVE				25. DATE RECD. BY LOCAL REG. MAR 21 '58		26. REGISTRAR'S SIGNATURE Paul Smith MO		

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

with, welfare, public service

300-556

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 *Edward A. Flynn*.....

Licensed Embalmer No. *444*.....

P. O. Address *4202 F.*.....

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.