Health, Welfare Public Service

300
1-57

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016546
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4026

1. PLACE OF DEATH
a. COUNTY: St Louis, Mo
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St Louis — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Pacific. — Length of stay in 1b: 66 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis.
c. CITY OR TOWN: ~~St Louis~~ 4000 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 742 Trinity Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Frank — Middle: Osborn — Last: Thompson

4. DATE OF DEATH: Month: 4 Day: 9 Year: 58.

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 8/30/1869.

9. AGE (In years last birthday): 88 — 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): Bridge Supervisor.

10b. KIND OF BUSINESS OR INDUSTRY: Railroads.

11. BIRTHPLACE (City and state or country): Fredericton, N.B. Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alexander Thompson

13b. MOTHER'S MAIDEN NAME: Sabrina Hanford

14. NAME OF HUSBAND OR WIFE: Lulu Hume Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Helen Thompson — Address: 742 Trinity Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1

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 ☒ 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 3-23-58, to 4-9-58 and last saw ~~him~~ him alive on 4/9/58
Death occurred at 11:15 AM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry Lu M.D.

22b. ADDRESS: 110 Poplar Hoopl.

22c. DATE SIGNED: 4-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 4/11/58

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): St. Louis Co. Missouri

24. FUNERAL DIRECTOR: Alexander & Sons — **ADDRESS**: 6175 Delmar Bl.

25. DATE RECD. BY LOCAL REG.: APR 11 58

26. REGISTRAR'S SIGNATURE: Earl Smith MD
M.S.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Palm

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.