

THE DIVISION OF HEALTH OF MISSOURI 35828-58  
STANDARD CERTIFICATE OF DEATH

58-020217  
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5821

FILED JUN 11 1958

300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2219 3507 Franklin		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle Edward Last Thompson			4. DATE OF DEATH Month 5 Day 24 Year 58		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-23-58		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 16 IF UNDER 24 HRS. Hours Min. 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Emerson Thompson		13b. MOTHER'S MAIDEN NAME Clara Moore		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary D. Jett, R.R. 2601 N. Whittier		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth, Neonatal death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 773.5 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5-23-58 to 5-24-58 and last saw him alive on 5-24-58 Death occurred at 6:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul J. White M. D.		22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 5-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-30-58		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or country) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Rowland Aker 404 Manchester		ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 5 '58	
26. REGISTRAR'S SIGNATURE Cash Smith MD					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

St. Louis  
3807 Franklin  
Hon. J. Phillips

Edw. J. Thompson  
Roy  
No. 1000

St. Louis, Missouri  
Edw. J. Thompson

St. Louis, Mo.

Signature of Student Embalmer

### 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 .....  
Signature of Student Embalmer  
St. Louis, Mo. No. 1000  
St. Louis, Mo. No. 1000  
Licensed Embalmer No. ....  
P. O. Address .....

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.