

FILED DEC 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046411
STATE FILE NUMBER
11921

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11921**

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
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 East St. Louis ^{11/20} 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's Inf.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 32 315 Exchange Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SUSIE Middle THOMPSON Last THOMPSON			4. DATE OF DEATH Month Dec. Day 9 Year 1958
5. SEX Female ³	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1922
9. AGE (In years birthdate) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Scooba, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JIM NAVE	13b. MOTHER'S MAIDEN NAME ANNIE RUSH
14. NAME OF HUSBAND OR WIFE FRED THOMPSON		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. Unknown
17. INFORMANT Fred Thompson		Address 315 Exchange E. St. Louis, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Infarction due to coronary or pulmonary embolism DUE TO (b) Due to coronary or pulmonary embolism DUE TO (c) Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) recent total hysterectomy = Phlebectomies of legs			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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 _____ and last saw her/him alive on 12/9/58 Death occurred at 12/9/58 2A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edgar F. Woodson (Degree or title) Edgar F. Woodson M.D., M.D.		22b. ADDRESS E. St. Louis, Ill. 930 N. 2nd St.	22c. DATE SIGNED 12/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/14/58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.
24. FUNERAL DIRECTOR Marion's Office		ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.	DATE RECD. BY LOCAL REG. DEC 11 '58
26. REGISTRAR'S SIGNATURE Paul Smith MRS			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Undertaker, etc.—most use only standard manufacturer in their lot. No stipulations will be issued. 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
Signature of Student Embalmer

Signed *Frank Protopf*

Licensed Embalmer No. *4356*
P. O. Address *St. Louis, Mo.*

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.