

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009960  
STATE FILE NUMBER

FILED APR 3 1959

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 14

300  
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FKSTUS		c. CITY OR TOWN MAPLEWOOD 4004	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. VIEW N. HOME		d. STREET ADDRESS (If outside, give location) 3508 OXFORD	
Length of stay in lb 7 WEEKS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Anna Stephen Thompson			4. DATE OF DEATH Month Day Year 3 - 22 - 1959			
5. SEX F 1	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME REYNOLDS CO., MO	11. BIRTHPLACE (City and state or country) REYNOLDS CO., MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GRAFT M. PILLE	13b. MOTHER'S MAIDEN NAME SUSAN MATTHEW BAKER	14. NAME OF HUSBAND OR WIFE MORTIMER C. THOMPSON
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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. 489-14-2373D	17. INFORMANT Mrs. EARL GEISSBERGER, ABOVE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Worse 10 days
DUE TO (b) _____		4221
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.)
20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 2-5-59 to 3-22-1959 and last saw her alive on 3-21-1959  
Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. D. Emmell, M.D.	(Degree or title)	22b. ADDRESS Crystal City, Mo.	22c. DATE SIGNED 3-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-24-59	23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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24. FUNERAL DIRECTOR JAY B. SMITH	ADDRESS MAPLEWOOD, MO.	25. DATE RECD. BY LOCAL REG. 3/23/59	26. REGISTRAR'S SIGNATURE John N. Hill, Reg.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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APR 9 1959

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 *J. Allen Harris* .....  
Licensed Embalmer No. *4953* .....  
P. O. Address *Sh. L.* .....

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.