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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023460
STATE FILE NUMBER
2 6060

FILED JUL 13 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1218 a Hebert St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MYRTLE Middle I Last THOMPSON
4. DATE OF DEATH: Month June Day 25 Year 1959
5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 13 1923
9. AGE (In years last birthday): 36 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Annapolis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Albert Cook
13b. MOTHER'S MAIDEN NAME: Elora Middleton
14. NAME OF HUSBAND OR WIFE: Carl Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Address: Carl Thompson 1218 a Nebert St.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) URETERAL OBSTRUCTION & CARCINOMATOSIS — 5 MOS
DUE TO (c) EPIDERMOID CARCINOMA OF CERVIX — 1 YR
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.) 171 X
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 7-15-58, to 6-25-59 and last saw her alive on 6-24-59
Death occurred at 3:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James T. H. Clark, Jr. MD
22b. ADDRESS: 5535 Delmar Blvd, St. Louis
22c. DATE SIGNED: 6-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/27/59
23c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand
23d. LOCATION (City, town, or county) (State): Florissant Mo.

24. FUNERAL DIRECTOR: Robert D. Kinealy — ADDRESS: 2228 St. Louis Ave.
25. DATE REC'D BY LOCAL REG.: JUN 26 59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MJB

(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.

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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, M

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.