JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1380 -60-008301 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY –

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS | Length of stay in 1b

c. CITY OR TOWN ST LOUIS | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4900 EUCLID, Terr | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First THEODORE Middle HAMPTON Last

4. DATE OF DEATH Month 2. Day 2. Year 60

5. SEX MALE

6. COLOR OR RACE NEGRO

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-22-1908

9. AGE (last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) MISS

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME JOHN HAMPTON

13b. MOTHER'S MAIDEN NAME ESTELLA ROBINSON

14. NAME OF HUSBAND OR WIFE

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. 315.09.7304

17. INFORMANT MIGNON HAMPTON Address 4030 R. FAIRFAX

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Broncho Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Extensive Pulmonary Oedema

DUE TO (c) 491X

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1220 P. and last saw her/him alive on

Death occurred at 1220 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Lunsch Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2-6-60

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

23b. DATE 2-8-60

23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK

23d. LOCATION (City, town, or county) STLOUSE COUNTY (State) MO

24. FUNERAL DIRECTOR SWAN-MCGHEE UND. CO ADDRESS 1619 N. UNION

25. DATE RECD. BY LOCAL REG. FEB 6 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward P. Flynn

Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.