

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021624

FILED VS JUN 15 1960

318

1003

5761

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4053 Westminster</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>WILLIAM</i> First Middle <i>THOMPSON</i> Last				4. DATE OF DEATH Month <i>JUNE</i> Day <i>3</i> Year <i>1960</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>July 20, 1889</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad man</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>		11. BIRTHPLACE (City and state or country) <i>Helena Arkansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>John William Thompson</i>			13b. MOTHER'S MAIDEN NAME <i>Etta Varnell</i>			14. NAME OF HUSBAND OR WIFE <i>Mary Thompson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Bron Thompson 224 Colfax Ave.</i>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Sall Blood</i> DUE TO (b) <i>Carcinoma of Sall Blood</i> DUE TO (c) <i>155.1</i> 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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
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. Month, Day, Year		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 <i>6/2/60</i> <i>3A</i> to <i>6/3/60</i> and last saw her him alive on <i>6/3/60</i> Death occurred at <i>8P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Edward M. Wilber, M.D.</i>					22b. ADDRESS <i>1515 LAFAYETTE AVE</i>			22c. DATE SIGNED <i>6/7/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>June 6, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem. St. Louis County Mo.</i>			23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <i>Ruel Campbell Mortuary 516 Selma</i>				25. DATE RECD. BY LOCAL REG. <i>JUN 6 1960</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Harney Kahle

Licensed Embalmer No. 4596

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.