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| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>                |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| Length of stay in 1b  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1.</b> |  | d. STREET ADDRESS (If outside, give location) <b>1420 Mississippi</b>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                      |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                       |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>DANIEL</b> Middle <b>THOMPSON</b> Last | 4. DATE OF DEATH<br>Month <b>AUGUST</b> Day <b>15,</b> Year <b>1960</b> |
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|                    |                               |   |                                 |                                  |   |                              |
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| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>1/22/89</b> | 9. AGE (last birthday) <b>71</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Timber Contractor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b> | 11. BIRTHPLACE (City and state or country) <b>Bismarck, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> |
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| 13a. FATHER'S NAME <b>Daniel Thompson</b> | 13b. MOTHER'S MAIDEN NAME <b>Ellen Carver</b> | 14. NAME OF HUSBAND OR WIFE <b>Ollie (Deceased)</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT <b>Curtis Thompson, Box 571, Lemay, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Cardiac failure</b>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>uremia</b>                   |  |
|   | DUE TO (c) <b>Biliary obstruction 586x</b> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY<br>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 |
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| 21. I attended the deceased from <b>July 30, 1960</b> to <b>August 15, 1960</b> and last saw her/him alive on <b>August 15, 1960</b><br>Death occurred at <b>8:08 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <b>Jerome D. Stoggs, M.D.</b> | 22b. ADDRESS <b>1515 LAFAYETTE</b> | 22c. DATE SIGNED <b>8-15-60</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 23b. DATE <b>8/18/60</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Iron Mountain</b> | 23d. LOCATION (City, town, or county) (State) <b>Iron Mountain, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS <b>McLaughlin, 2301 Lafayette, (4)</b> | 25. DATE RECD. BY LOCAL REG. <b>AUG 16 1960</b> | 26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b> |
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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 James R. Clark

Licensed Embalmer No. \_\_\_\_\_

P. O. Address St. Louis

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.