MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-048802
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11924

FILED DEC 21 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 5 min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Evangelical Deaconess — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Affton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8535 Wilstead Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Baby Boy (L) Middle: Last: Thomsen
4. DATE OF DEATH: Month: Dec Day: 7 Year: 1962
5. SEX: Male
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec 7 1962
9. AGE (last birthday): 5 min — IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St Louis, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Howard Thomsen
13b. MOTHER'S MAIDEN NAME: Donna Johnson
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.: —
17. INFORMANT: Howard Thomsen Address:

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) Multiple Congenital Anomalies.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) atrophy of abdominal organs.
DUE TO (c) pulmonary deposits
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) 757.3
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 Dec 7 1962, to Dec 7 1962 and last saw him alive on Dec 7 1962
Death occurred at 12 50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sam Wissing MD
22b. ADDRESS: 16 Hampton Village Plaza
22c. DATE SIGNED: 12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: DEC 31 1962
23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Howland Mortuary Svc. ADDRESS: 4104-06 Manchester
25. DATE RECD. BY LOCAL REG.: DEC 13 1962
26. REGISTRAR'S SIGNATURE: Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1				
2	4000 23	A		
3				
4	0			
5	0			
6				
7	0			
8	2			
9				
10				
11				
12	58-0			
13				

58

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

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.