S. No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39834
Registrar's No. 04591

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MO.
c. LENGTH OF STAY (in this place): 135 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FESTUS
d. STREET ADDRESS (If rural, give location): 407 N. 3rd STREET

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): RAYMOND
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): DEC 3 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-15-1892
9. AGE (In years last birthday): 57 — 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): GLASS MAKER
10b. KIND OF BUSINESS OR INDUSTRY: GLASS FACTORY
11. BIRTHPLACE (State or foreign country): DESOTO, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: WILLIAM H. THOMPSON
13b. MOTHER'S MAIDEN NAME: EMMA GAINES
14. NAME OF HUSBAND OR WIFE: ELIZABETH THOMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW - I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): EMPYEMA BILATERAL

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

518X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 518X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: — — —

22. *I hereby certify that I attended the deceased from* 7-22-49, 19___, *to* 12-3-49, 19___, *and that death occurred at* 1:25p *m., from the causes and on the date stated above.*

VA

23a. SIGNATURE (Degree or title): M.D. ORRAHOOD, M.D. M.D. Orrahood M.D.
23b. ADDRESS: VAH JEFF BRKS, MO
23c. DATE SIGNED: 12-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-4-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Festus, Mo.

DATE REC'D BY LOCAL REGISTRAR: DEC 4 1949
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

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 this body is not embalmed, fact should be so stated above.