

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3484

State File No.

317

4076

229

BIRTH NO. <u>4000</u>		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>JEFFERSON BRKS., MO.</u>		c. LENGTH OF STAY (in this place) <u>110 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MADISON</u> <u>812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL.</u>		d. STREET ADDRESS (If rural, give location) <u>GARESCHE APTS 74</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>E.</u>	c. (Last) <u>THOMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/25/50</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/28/17</u>	9. AGE (In years last birthday) <u>32</u> 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) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>EMINENCE, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>BERT THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BLAKE</u>	14. NAME OF HUSBAND OR WIFE <u>NADINE THOMPSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): <u>YES</u> (If yes, give war or dates of service) <u>WW-2</u>		16. SOCIAL SECURITY NO. <u>333-03-7021</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of ESOPHAGUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>150X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/7</u> , 19 <u>49</u> to <u>1/25</u> , 19 <u>50</u> , and that death occurred at <u>10:40pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. E. Salwell</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS., MO.</u>	23c. DATE SIGNED <u>1/26/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Barracks Mo</u>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 26 1950</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombay</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MAHEY FUN. HOME, MADISON, ILLINOIS</u>	

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

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 Ronald O Yahnke.....

Licensed Embalmer No. 3917.....

P. O. Address St Louis 10 Mo

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.