

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6813

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1847

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis MO |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis MO                         |  |
| c. LENGTH OF STAY (in this place)<br>17 yrs  |  | d. STREET ADDRESS (If rural, give location)<br>2519 Goode Ave  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | e. FULL NAME OF HOSPITAL OR INSTITUTION  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) Henrietta Thompson |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>2-23-1950 |  |  |
|---|--|--|---|--|--|

|                  |                          |   |                                 |                                       |                             |                            |       |      |
|------------------|--------------------------|---|---------------------------------|---------------------------------------|-----------------------------|----------------------------|-------|------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>Cauc | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed | 8. DATE OF BIRTH<br>Oct 15 1850 | 9. AGE (In years last birthday)<br>99 | IF UNDER 1 YEAR<br>Months 4 | IF UNDER 24 HRS.<br>Days 9 | Hours | Min. |
|------------------|--------------------------|---|---------------------------------|---------------------------------------|-----------------------------|----------------------------|-------|------|

|  |                                   |   |                                       |
|--|-----------------------------------|---|---------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired)<br>Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br>Holly Springs Miss | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A. |
|--|-----------------------------------|---|---------------------------------------|

|                                  |  |   |
|----------------------------------|--|---|
| 13a. FATHER'S NAME<br>Henry Sims | 13b. MOTHER'S MAIDEN NAME<br>not known | 14. NAME OF HUSBAND OR WIFE<br>Thompson |
|----------------------------------|--|---|

|  |                                 |  |                           |
|--|---------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>none | 17. INFORMANT'S SIGNATURE OR NAME<br>Lucy Nelson | ADDRESS<br>2519 Goode Ave |
|--|---------------------------------|--|---------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Semblity   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) |  |                                  |
|   | DUE TO (c)  |  |                                  |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>St. Louis MO |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 4/1, 1948, to 7/23, 1950, that I last saw the deceased alive on 1948, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

|                                     |                             |                                |                             |
|-------------------------------------|-----------------------------|--------------------------------|-----------------------------|
| 23a. SIGNATURE<br>S. J. [Signature] | (Degree or title)<br>M.D. U | 23b. ADDRESS<br>11-4 [Address] | 23c. DATE SIGNED<br>7/24/50 |
|-------------------------------------|-----------------------------|--------------------------------|-----------------------------|

|   |                      |  |   |
|---|----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>2-27-50 | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State)<br>St. Louis MO |
|---|----------------------|--|---|

|                                  |  |   |                       |
|----------------------------------|--|---|-----------------------|
| DATE REC'D BY LOCAL REG. 25 1950 | REGISTRAR'S SIGNATURE<br>J. B. [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE<br>A. S. [Signature] | ADDRESS<br>2726 Lucas |
|----------------------------------|--|---|-----------------------|

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

*Frederic Yandell*  
Licensed Embalmer No. *243*

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.