

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42924
State File No. 10738
Registrar's No. 10738

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>10738</u>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2069							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4962 Labadie</u>				d. STREET ADDRESS (If rural, give location) <u>4962 Labadie</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>M.</u>			c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 23, 1855</u>		9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Thompson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Walters</u>				14. NAME OF HUSBAND OR WIFE <u>Samuel Thompson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Brown, 4962 Labadie</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis general</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Years</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) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____											
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (Specify) _____		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HSTO</u>									
22. I hereby certify that I attended the deceased from <u>1948</u> to <u>Dec 15, 1950</u> , that I last saw the deceased alive on <u>Dec 12, 1950</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>J. H. W. Clark, M.D.</u>				23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 - Mo.</u>				23c. DATE SIGNED <u>12-16-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Indiana</u>							
DATE REC'D BY LOCAL REG. <u>DEC 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Faraker</u>				25. FUNERAL HOME OR ADDRESS <u>4970 Washington, Indiana</u>							

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. W. B. Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

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.