

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21473**  
Registrar's No. **5113**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis - Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2109</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3044 Marnice Pl</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b>		b. (Middle) <b>L</b>	
c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 5 - 1891</b>
9. AGE (in years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	11. BIRTHPLACE (State or foreign country) <b>Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		13a. FATHER'S NAME <b>William Thompson</b>	
13b. MOTHER'S MAIDEN NAME <b>und Knapp</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Clara Thompson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clara Thompson</b>		ADDRESS <b>3044 Marnice Pl</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Intra-aortic aneurysm of thoracic aorta; Bronchopneumonia of the base of the left lung</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, rising to the above cause (a) and the underlying cause last. <b>base of the left lung and bullae following suffered when he aspen caught fire while working in a gas oven side St. Louis Malleable Casting Co.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death.		
19a. DATE OF OPERATION <b>July 27 1951</b>		19b. MAJOR FINDINGS OF OPERATION <b>No conduit ste around</b>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT OR SUICIDE <b>Accident</b>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Factory</b>	20c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <b>St. Louis Mo</b>
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 27 51 530 P m</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Explosion</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:15 P. m.**, from the causes and on the date stated above. **5**

23a. SIGNATURE (Degree or title) <b>Patrick L. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6. 1. 51.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>u</b>	24b. DATE <b>6/4/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>5239 w Florissant City Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 4 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>		ADDRESS <b>4247/w Labadie Ave</b>

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 Lawrence E. Emadson

Licensed Embalmer No. 4341

P. O. Address St. Louis

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.