

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31911

State File No.

8176

Registrar's No.

FILED SEP 22 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 3 1/2 yrs		d. STREET ADDRESS (If rural, give location) 6465 South West St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			
3. NAME OF DECEASED a. (First) Tommy		b. (Middle) Thompson	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1951	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 10	8. DATE OF BIRTH Feb. 5, 1885
9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Arkansas /
12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Levi Thompson		13b. MOTHER'S MAIDEN NAME Elizabeth Thompson	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Rhodes, 2601 N Whittier St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Coronary Heart Disease DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 mos.		Undet.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? H2O D	
22. I hereby certify that I attended the deceased from 6-15 , 19 51 to 9-6 , 19 51 that I last saw the deceased alive on 9-5 , 19 51 , and that death occurred at 2:30p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. J. Curran M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 9-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE SEP 15 1951	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis
DATE REC'D BY LOCAL REG. SEP 15 1951		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Robland Mortuary Service		ADDRESS 7104 Manchester Ave.	

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

2/23 (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.....

CC

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

..... Licensed Embalmer No.

..... 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.