

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34934

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1003

State File No. 9637

95257

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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, Missouri</u>		c. LENGTH OF STAY (In this place) <u>28 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>3824 Westminister</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>			b. (Middle) <u>E</u>		c. (Last) <u>COMPTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 29 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>MAR. 30-1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 1 YEAR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PACKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Amer. Future</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>George Compton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McNeilly</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-16-1596</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Violet Pollard Compton</u> ADDRESS <u>3736 LaSalle</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrolyte Imbalance</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diarrhea</u> DUE TO (c) <u>Carcinoma of the rectum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>14 days</u> <u>unknown</u>	
19a. DATE OF OPERATION <u>10-13-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Typed mass in rectum w metastasis to mesenteric nodes</u>					20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? <u>154X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>10-12-51</u> , 19____, to <u>10-29-51</u> , 19____, that I last saw the deceased alive on <u>10-29-51</u> , 19____, and that death occurred at <u>1:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Hulse M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>10-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>OCT 31 1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Hulse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> ADDRESS <u>2301 Lafayette</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

H. G. Farris

Licensed Embalmer No. *3384*

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.