

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

43376

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11468	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) Barnett's St Louis			
d. 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			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital				d. STREET ADDRESS (If rural, give location) 6429 Lindenwood Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) W.		c. (Last) Thompson	
4. DATE OF DEATH		(Month) _____ (Day) _____ (Year) _____		4. DATE OF DEATH Dec. 25 1951			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 17 1904	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Albert R. Thompson Sr.			13b. MOTHER'S MAIDEN NAME Nancy Webb			14. NAME OF HUSBAND OR WIFE Lucille Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. 488-16-8529		17. INFORMANT'S SIGNATURE OR NAME Lucille Thompson ADDRESS 6429 Lindenwood			
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* Fr of right shoulder. Fr Humerus. ANTECEDENT CAUSES Rheum. Mitral Stenosis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE suffered when deceased slipped and fell on the icy concrete sidewalk sidewalk in front of 8284 Albin Pl Overland Mo on Dec 24, 1951 at about 1120 pm II. OTHER SIGNIFICANT CONDITIONS 8284 Albin Pl Overland Mo Conditions contributing to the death but not related to the disease or condition causing death. on Dec 24, 1951 at about 1120 pm				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 6:11²⁶ p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 489 E 9035					
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 8:40 A.M. , from the causes and on the date stated above. 44							
23a. SIGNATURE Patricil E Taylor Cor. (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.26.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12/28/51		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL HEALTH DEPT. DEC 26 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAI 18 1934

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.....

Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. *3534*

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.