

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

XC 1 653 646

REG. #99609

BIRTH NO. ADD 10 1052

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 1001

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BRKS., MO.</b>		c. LENGTH OF STAY (in this place) <b>79 DAYS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. STREET ADDRESS <b>2325 WHITTEMORE PLACE</b>		1239	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>O.</b> c. (Last) <b>THOMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 12, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>10-1-86 1896</b>
9. AGE (in years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUS DRIVER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES OLIVER THOMPSON</b>	
13b. MOTHER'S MAIDEN NAME <b>MATTIE A. TURNER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>494011167</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>		ADDRESS	
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>CIRRHOSIS, LAENNEC'S</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-24-52</b> , 19 <b>52</b> , to <b>4-12-52</b> , and that death occurred at <b>11:15pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. H. Hood</i>		23b. ADDRESS <b>M.D. VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>4-13-52</b>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>4-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	
DATE REC'D BY LOCAL REG. <b>4-15-52</b>		REGISTRAR'S SIGNATURE <i>Herbert P. Dombro</i>	
25. ADDRESS <b>6322 S. Grand Blvd.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

40000

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 Nevil Lee Forson

Licensed Embalmer No. 4282

P. O. Address 6322 So Grand

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.