

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26406

State File No. ....

6906

FILED JUL 31 1952

318

1003

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		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 221		
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 N EWING AVE		d. STREET ADDRESS 708 N EWING AVE				
3. NAME OF DECEASED (Type or Print)		a. (First) DALLAS	b. (Middle) THOMPSON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7 13 52	
5. SEX M 2	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 4 1896	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months 4 Days 9 IF 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 HOWARD BRICK CO.		11. BIRTHPLACE (City and State or Foreign Country) NASHVILLE TENN.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME EDMOND THOMPSON		13b. MOTHER'S MAIDEN NAME ETTA HARRISON		
14. NAME OF HUSBAND OR WIFE ALBERTA THOMPSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Alberta Thompson		18. ADDRESS 708 Ewing				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES				
DUE TO (b)		Chronic Coronary Heart Disease; Hypertrophic Myocarditis, Decompensation				
DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 1743		
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 4:51 p.m., from the causes and on the date stated above.						
23a. SIGNATURE Charles E. Taylor Coronary		(Degree or title)		23b. ADDRESS 1300 Clark		
23c. DATE SIGNED 7-17-52						
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-19-52		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem		
24d. LOCATION (City, town, or county) (State) Wellston St. Lo. Ca						
DATE REC'D BY LOCAL REG. JUL 19 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Walton		
ADDRESS m 83		ADDRESS 2701 Stoddard				

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 Arthur P. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Albine

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.