

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 23 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7426	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 210			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis J			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 10 3935 North Taylor			
3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE			b. (Middle) _____			c. (Last) THOMPSON	
4. DATE OF DEATH (Month) (Day) (Year) 8-1-52		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) married	
8. DATE OF BIRTH 5-15-1896		9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired school teach		10b. KIND OF BUSINESS OR INDUSTRY school	
11. BIRTHPLACE (City and State or Foreign Country) Fox Creek, Mo. 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Chesley		13b. MOTHER'S MAIDEN NAME Kate Locker		14. NAME OF HUSBAND OR WIFE Oscar Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Chesley, Chesterfield, Mo.			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Heart disease, arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 18 days ? ?	
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) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331x				22. I hereby certify that I attended the deceased from July 17, 1952 , to July 31, 1952 , and that death occurred at 3:45 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE: Eugene V. Muschany M.D. (Degree or title)		23b. ADDRESS 6200 Hoffman Cor		23c. DATE SIGNED 8/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4		24b. DATE 8-4-52		24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Pond, Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muschany F. H., Wentzville, Mo.			

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

JUL 24 1962

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

M. W. Ruetex

Licensed Embalmer No.

4865

P. O. Address

St Louis Mo

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.