

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33762

State File No.

FILED OCT 11 1952

BIRTH NO. 62072 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2576

S. No. 300
V. 10.48

1001
*m
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u> | |
| c. LENGTH OF STAY (in this place) <u>8 DAYS</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 Marshall Ave.</u> | | d. STREET ADDRESS (If rural, give location) <u>506 Marshall Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Margie</u> | b. (Middle) <u>Louise</u> | c. (Last) <u>Thompson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1952</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>9/18/52</u> | 9. AGE (in years) (last birthday) <u>18</u> | IF UNDER 1 YEAR Months <u>18</u> | IF UNDER 24 HRS. Hours <u>0</u> | IF UNDER 15 MIN. Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Fred J. Thompson</u> | 13b. MOTHER'S MAIDEN NAME <u>Georgia Louise Harrison</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Georgia Thompson</u> | ADDRESS <u>Valley Park</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>marasmus</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Impaired digestion</u> DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10/3/52, 10____, to 10/6/52, 19____, that I last saw the deceased alive on 10/6/52, 19____, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Olivia M. Seibert M.D.</u> | 23b. ADDRESS <u>Valley Park, Mo</u> | 23c. DATE SIGNED <u>10/6/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10/9/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery,</u> | 24d. LOCATION (City, town, or county) (State) <u>Vienna, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>10-7-52</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Dombke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home,</u> | ADDRESS <u>Ballwin, Mo.</u> |
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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

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Baltimore, 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.