

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3841

FILED JAN 28 1953

State File No.

318

1003

0210

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 <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 2089</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>8505 Mora Lane Ave. 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Hy.</u>		c. (Last) <u>Thompson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1953</u>			
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 15, 1907</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Met. Police Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Hy. Thompson.</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Haught.</u>		14. NAME OF HUSBAND OR WIFE <u>Tennie Thompson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Tennie Thompson 8505 Mora Lane Av</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral vascular accident: hemorrhagic</u>				<u>4 hrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension, arterial</u>				<u>1 year</u>	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION. <u>None</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>		<u>331X</u>			
22. I hereby certify that I attended the deceased from <u>2-2</u> , 19 <u>52</u> , to <u>1-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>53</u> , and that death occurred at <u>6:45 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward P. Rehm MD</u>				23b. ADDRESS <u>462 N. Taylor St. Louis Mo</u>		23c. DATE SIGNED <u>1-8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laural Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 8 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz-Koeller 5967 W. Florissant</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Walter B. Buchholz

Licensed Embalmer No.

4551

P. O. Address

St. Louis Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.