

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19970

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4696

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 or township) St. Louis				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Metropolis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location)				5120 8	
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) E.		c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 16, 1885		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman				10b. KIND OF BUSINESS OR INDUSTRY Light Plant		11. BIRTHPLACE (City and State or Foreign Country) Rockport, Ind.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Thompson			13b. MOTHER'S MAIDEN NAME Cynthia Dawson			14. NAME OF HUSBAND OR WIFE Winnie			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Winnie Thompson, Metropolis, Ill.				
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) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis left leg. DUE TO (c) Suprapubic Prostatectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension						INTERVAL BETWEEN ONSET AND DEATH 5 day 10 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate with enlargement of ureters						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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 610X							
22. I hereby certify that I attended the deceased from April 20, 1953, to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 11:10 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Raymond Causee				23b. ADDRESS 539 N Grand		23c. DATE SIGNED May 8 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8-53		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Metropolis, Ill.			
DATE REC'D BY LOCAL REG. MAY 8 1953		REGISTRAR'S SIGNATURE J. C. Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *John S. Denne*.....  
Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.