

FILED MAY 12 1954 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 14364

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1035

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>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON #462</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6366 Wydown</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> (Type or Print)		b. (Middle) <u>THOMPSON</u> c. (Last)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 20. 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTH <u>8</u> DAY <u>11</u> HOUR <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARDMAN - BUTLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MT. FAMILY</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. - A.</u>	
13a. FATHER'S NAME <u>Howard Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Maple</u>	
14. NAME OF HUSBAND OR WIFE <u>Hibernia Thompson</u>			
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>493-24-8548</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HIBERNIA THOMPSON</u>		ADDRESS <u>6366 WYDOWN</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>	
19a. DATE OF OPERATION <u>1-19-54</u> <u>1-24-54</u> <u>7-14-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sigmoid Volvulus</u>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>1-19</u> , 19 <u>54</u> , to <u>5-1</u> , 19 <u>54</u> that I last saw the deceased alive on <u>5-1</u> , 19 <u>54</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. J. Doulet, M.D.</u>		23b. ADDRESS <u>601 S. Brentwood</u>	
23c. DATE SIGNED <u>5-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-4-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-3-54</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dooler, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>		ADDRESS <u>4107 Finney</u>	

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 L Hilliard

Licensed Embalmer No. 4221

P. O. Address _____

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.