

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39294

FILED NOV 22 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9747**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **ST. LOUIS CITY HOSPITAL** e. STREET ADDRESS (If rural, give location) **2501 No. 10th Street**  
26 2269

3. NAME OF DECEASED a. (First) **MARIE** b. (Middle) \_\_\_\_\_ c. (Last) **THOMPSON** 4. DATE OF DEATH **OCTOBER 25, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Mar. 13th, 1883** 9. AGE (In years last birthday) **71** 9. AGE (In years) IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City, and State or Foreign Country) **Red Oak, Ohio** 12. CITIZEN OF WHAT **USA**

13a. FATHER'S NAME **Charles Weber** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Robt. Andre** ADDRESS **1413 Monroe Street**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Regime of myocardium** INTERVAL BETWEEN ONSET AND DEATH **1/4 hour**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES **Myocardial infarction** DUE TO (b) **4-5 days**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Coronary atherosclerotic thrombosis** " "  
II. OTHER SIGNIFICANT CONDITIONS **Hypertension cardiovascular disease** **Chronic**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **10-21-54**, 19\_\_\_\_, to **10-25-54**, 19\_\_\_\_, that I last saw the deceased alive on **10-25-54**, 19\_\_\_\_, and that death occurred at **2:00P** m., from the causes and on the date stated above.

23. SIGNATURE **Joseph M. Schuster MD** (Degree or title) 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **10-26-54**

24a. BURIAL/CREMATION/REMOVAL (Specify) **Burial** 24b. DATE **10-28-54** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.,**

DATE REC'D BY LOCAL REG. **OCT 27 1954** REGISTRAR'S SIGNATURE **J. Earl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Leidner Und. Co.** ADDRESS **2223 St. Louis Ave.,**

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.....  
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.**