

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44391**
Registrar's No. **11811**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 44391		Registrar's No. 11811				
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton		81208						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 956 Johnson Lane								
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle)			c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1954			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 19, 1905		9. AGE (In years) (Month) (Day) 49 3 4		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Am. Smelting Co.		11. BIRTHPLACE (State or foreign country) Bunky, La.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ely Thompson			13b. MOTHER'S MAIDEN NAME Ethel Chaney			14. NAME OF HUSBAND OR WIFE Lydia Thompson						
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. 327-07-7749		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Thompson							
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* Lobar Pneumonia; whether												
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. following head poisoning suffered while working at the American Smelting Co. could not be determined												
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION open Verdict						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE open Verdict			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Alton, Ill.			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? 40 9/2
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:20 p.m. , from the causes and on the date stated above.												
23a. SIGNATURE James M. Kelly Deputy					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12/27/54				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 27, 54		24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cem.		24d. LOCATION (City, town, or county) (State) Alton, Ill.						
DATE REC'D BY LOCAL REG. DEC 28 1954		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Joel Russell			ADDRESS 1924 Central Alton, Ill.				

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

W a young

ce 1-22-70

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

Joel Russell

Licensed Embalmer No. *4112*

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.