

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17063

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4190

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <i>St. Louis</i>	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 <b>Homer G. Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>3720 Finney Avenue</b> <i>21190</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> b. (Middle) <b>Lena</b> c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 6 55</b>	
5. SEX <b>Female</b> <i>3</i>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 31 1896</b>
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>5</b>	IF UNDER 24 HRS. Hour <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gallatin Tenn</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Bentley</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Thompson</b>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Thompson</b>		ADDRESS <b>3043 Thomas St</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis with Cerebral Thrombosis.</b> INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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. <b>Kidneys - Pyelonephritis Uterus - Polyp</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? <b>332X</b>		22. I hereby certify that I attended the deceased from <b>3-31</b> , 19 <b>55</b> , to <b>5-6</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-6</b> , 19 <b>55</b> , and that death occurred at <b>3:00a</b> :m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Frank O. Richards</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>	
23c. DATE SIGNED <b>5-9-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5-12-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J.H. Randle</i> ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Avenue</b>	
DATE REC'D BY LOCAL REG. <b>MAY 11 1955</b>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> <b>Mo</b>	

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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 *J. J. Harts*  
Licensed Embalmer No. *269*  
P. O. Address *2769 Cha*

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.