

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35220

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9378**

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

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: De Paul Hospital
6 STREET ADDRESS (If rural, give location) 5921 a Lotus Ave 20670

3. NAME OF DECEASED a. (First) Anna b. (Middle) Thompson c. (Last) Thompson 4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 12-22-1903 9. AGE (In years last birthday) 51 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE - (City and State or Foreign Country) St Louis Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Rufinger 13b. MOTHER'S MAIDEN NAME Annie Wrobel 14. NAME OF HUSBAND/OR WIFE John Thompson

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. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Thompson 5921 a Lotus Ave

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) Pulmonary infarction
INTERVAL BETWEEN ONSET AND DEATH 7 days
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac insufficiency
DUE TO (c) Rheumatic heart disease
10 years.
II. OTHER SIGNIFICANT CONDITIONS
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) 416x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1954, to Oct. 26, 1955, that I last saw the deceased alive on Oct. 26, 1955, and that death occurred at 3:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. Spator, M.D. 23b. ADDRESS 539 N. Grand Blvd. 23c. DATE SIGNED Oct. 27, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-29-55 24c. NAME OF CEMETERY OR CREMATORY Calvery Cemetery 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. OCT 27 1955 REGISTRAR'S SIGNATURE J. C. Clark Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W Clark Funeral Home Inc 1125 Hodiament 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.....
V E Morris

Licensed Embalmer No. *336*

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.