

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22162**  
Registrar's No. **5438**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5438</b>	
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>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>		c. LENGTH OF STAY (in this place) <b>16 days</b>		c. CITY OR TOWN <b>St. Louis 43rd</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Barth Town Home 4517 Forest Park</b>				e. STREET ADDRESS (If rural, give location) <b>6415 Derby Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b> b. (Middle) _____ c. (Last) <b>Thompson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 5 - 1956</b>				
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>1 - 18 - 1888</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ 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>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles Collett</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Townsend</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Thompson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Earl Bewig, 8001 Titus Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia, acute</b>					<b>3 weeks</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					<b>2 weeks</b>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic liver</b>					
		DUE TO (c) <b>Arteriosclerosis, generalized</b>					
		II. OTHER SIGNIFICANT CONDITIONS					<b>5 yrs.</b>
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>arteriosclerosis</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>581.0A</b>			
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 <b>10 May</b> , 19 <b>56</b> , to <b>5 June</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5 June</b> , 19 <b>56</b> , and that death occurred at <b>1:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Leonard P. Stein M.D.</b>				23b. ADDRESS <b>1918 East Paul</b>		23c. DATE SIGNED <b>6 June 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/8/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUN 7 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. Stein  
1918 E. Grand

~~11:30~~ ~~ca11~~  
Ce. 1-4111

**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 *Warren A. Carver*.....  
Licensed Embalmer No. *353*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.