

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 1 6 9
STATE FILE NUMBER

FILED JUN 21 1957

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 738

health, Welfare public service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood
c. FULL NAME OF (If NOT in hospital, give location) Manchester Home		Length of stay in lb 6 mos.	d. STREET ADDRESS (If outside, give location) 927 Lanyard Lane

3. NAME OF DECEASED (Type or print) First Edgar Middle P. Last Thompson			4. DATE OF DEATH Month March Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED # DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9 1881	9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Clerk		10b. KIND OF BUSINESS OR INDUSTRY R. R.	11. BIRTHPLACE (City and state or country) Owensboro Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dont Know			14. MOTHER'S MAIDEN NAME Dont Know		
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. 702051111	17. INFORMANT Address Michael McNamara 6400 Loughboro		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myo-carditis, Senility		INTERVAL BETWEEN ONSET AND DEATH Dont know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Senility, Osteitis, Chronic Glomerulonephritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20e. TIME OF INJURY Hour _____ a. m. _____ p. m.			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20i. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Jan. 26, 57 to March 14, 57 and last saw her alive on March 11.
Death occurred at 23:35 A. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Zaffey M.D.		22b. ADDRESS Box 1 22, Manchester, Mo.		22c. DATE SIGNED 3/11 9:15	
23a. BURIAL, CREMATION Burial	23b. DATE Mar 20 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	

24. FUNERAL DIRECTOR ADDRESS Cullinane Bros 3320 N. Kingshighway		25. DATE RECD. BY LOCAL REG. 3-19-57	26. REGISTRAR'S SIGNATURE Herbert R. Domb MD		
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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 em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Fred Frick*

Licensed Embalmer No. *311*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.