

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30366**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1958	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN Creve Coeur		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) Spoede Road R#3 Box 189			
3. NAME OF DECEASED (Type or Print) a. (First) Louis			b. (Middle) Vincent		c. (Last) Thomassen		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED. <input checked="" type="checkbox"/> WIDOWER DIVORCED SEPARATED <input checked="" type="checkbox"/> Never married		8. DATE OF BIRTH Sept. 17, 1886	9. AGE (In years last birthday) 70	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Thomassen			13b. MOTHER'S MAIDEN NAME Pauline Nagel		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXX None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Kopadt, Creve Coeur, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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) 331X			
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 Aug. 1, 1957 , to Aug. 5, 1957 , that I last saw the deceased alive on Aug. 5, 1957 and that death occurred at 4:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin G. Austin M.D.				23b. ADDRESS Creve Coeur Mo		23c. DATE SIGNED 8/6/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-1957		24c. NAME OF CEMETERY OR CREMATORY St. Monica Cemetery		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
DATE REC'D BY LOCAL REG. 8-7-57		REGISTRAR'S SIGNATURE Richard R. Donohue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumhardt Bros. Inc. 2504-Woodson Road Overland-14-Mo.			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
David C. Gibbs

Licensed Embalmer No. *348*

P. O. Address *Overland*

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.