S. No. 300
v. 10.48

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

FILED JAN 13 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3690

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 77

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gietner Home 5000 S. Broadway

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5000 S. Broadway

01 215 70

**3. NAME OF DECEASED** (Type or Print)
a. (First) Altha
b. (Middle) Luella
c. (Last) Thompson

**4. DATE OF DEATH** (Month) (Day) (Year) January 4, 1958

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** October 28, 1865
**9. AGE** (In years last birthday) 92 | 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) Warsau, Indiana
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Wm. Henry Bowser
**13b. MOTHER'S MAIDEN NAME** Catherine Kinsey
**14. NAME OF HUSBAND OR WIFE** Jesse Wilmar Thompson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Jessie T. Johns
**ADDRESS** 515 California Aldan, Pa.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteri-sclerotic cardio-vascular disease. — INTERVAL BETWEEN ONSET AND DEATH several years

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.*

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**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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 31 Dec., 1957, to 4 Jan., 1958, that I last saw the deceased alive on 3 Jan., 1958, and that death occurred at 5A m., from the causes and on the date stated above.

**23a. SIGNATURE** Robert L. Nye, M.D. (Degree or title)
**23b. ADDRESS** 3201 Arsenal St. St. Louis Mo.
**23c. DATE SIGNED** 4 Jan. 1958

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Cremation
**24b. DATE** Jan. 6, 1958
**24c. NAME OF CEMETERY OR CREMATORY** Missouri Crematory
**24d. LOCATION** (City, town, or county) (State) 3200 Sublette ave.

**DATE REC'D BY LOCAL REG.** JAN 6 '58
**REGISTRAR'S SIGNATURE** J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** C. Hoffmeister Mortuaries
**ADDRESS** 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1958

## 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 _____
Student Embalmer

Signed Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo.

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 this body is not embalmed, fact should be so stated above.