

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003929

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 15

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis			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) Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pine Lawn 4151		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3926 Oakwood		Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 3926 Oakwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Smith Middle J. Last Thompson			4. DATE OF DEATH Month Ja. Day 1, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29 1903	9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) St. Marys, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Martin Thompson		13b. MOTHER'S MAIDEN NAME Ida Smith		14. NAME OF HUSBAND OR WIFE Louise M. 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. 492-01-7053	17. INFORMANT Address Louise M. Thompson 3926 Oakwood		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver, Spleen, Intestines.				INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sepsis					
DUE TO (c) Heart failure.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis		STATE Mo.
21. I attended the deceased from July 29, 1957 to January 1, 1959 and last saw her/him alive on December 1, 1958 Death occurred at 56 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Alfred W. Anthony D.D. (Degree or title)			22b. ADDRESS 1009 W. Cleveland		22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/5/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant			25. DATE RECD. BY LOCAL REG. 1-3-59		26. REGISTRAR'S SIGNATURE Herbert R. ...

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter Buchholz*
Licensed Embalmer No. *4551*
P. O. Address *Alton, Ill.*

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.